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Jun 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. McInham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024722 (6)

1. Corporation Name
MARTINS BIRD RANCH, INC.

Principal Place of Business
800 NE 48TH ST., #56
POMPANO BEACH FL 33064

Mailing Address
800 NE 48TH ST., #56
POMPANO BEACH FL 33064-4733



2. Principal Place of Business

21 14096 Biddix Rd.

Suite, Apt. #, etc.

22

City & State

23 Loxahatchee Florida

Zip

24 33470

Country

25 U.S.A.

2a. Mailing Address

26 14096 Biddix Rd.

Suite, Apt. #, etc.

27

City & State

28 Loxahatchee Florida

Zip

29 33470

Country

30 U.S.A.

3. Date Incorporated or Qualified

03/15/1996

3a. Date of Last Report

N/A

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARTIN, JOSEPH JR.
900 NE 48TH ST., #56
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

14096 Biddix Rd.

83

84 City

Loxahatchee

FL

85 Zip Code

33470

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME MARTIN, JOSEPH JR.
STREET ADDRESS 900 NE 48TH ST., #56
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE

D
NAME LEUANG, NANCY
STREET ADDRESS 900 NE 48TH ST., #56
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

14096 Biddix Rd

1.4 CITY-ST-ZIP

Loxahatchee FL 33470

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

14096 Biddix Rd

2.4 CITY-ST-ZIP

Loxahatchee FL 33470

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

1/21/97 5:16:25 PM

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