FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000038749 (3) DOCUMENT #

MARTIN RUSSELL, INC.

FILED Feb 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 608 ASHE STREET 608 ASHE STREET KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0661019 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RUSSELL, MARTIN **608 ASHE STREET** 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 City B5 Zip Code 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** (NOTE: Registered Agent signature required when reinstaling) Signature, typod or proted name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE RUSSELL, MARTIN 1.2 NAME NAME **608 ASHE STREET** STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption state of 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 provided the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee of powered to execute this report is 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.

2/11/08