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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048617 (0)

MARTNI II, INC.

Principal Place of Business Maiting Address					4 110(16184 110 10) TO THE BOULD BOULD BEAUT ALONG THE BOULD				331 321
5401 KIRKMAN ROAD SUITE 725 ORLANDO FL 32619		SUITE 725	5401 KIRKMAN ROAD SUITE 725 ORLANDO FL 32819-7912						
Olivado i e v					_	3. Date Incorporated or Qualified 06/03/1996	3a. Date of	Last Ro	porl
	lace of Business	2a. Mailing Add	ress			4. FEI Number		Apr	olied For
21		26				59-3382979	,	Not	Applicable
Suite, Apt.		27				5. Certificate of Status Desired Fee Required			
City & State	9	City & State	<u>├</u>			6. Election Campaign Financing \$5.00 May Be			
23 Zip	Country	28	Zip Country			Trust Fund Contribution Added to Fees			
24 Zip	├── ┐		30	ки игу		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
29]	25 29 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
WHA!		riogista de rigora		81	Name	10. Name 3.10 770 100 0 1 1017 1101	,,otorou rigori		
KHATIB, RASHID A 5401 KIRKMAN ROAD				82					
SUIT	E 725				Street Adi	ess (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32819			83					
				84	City		FL B5	Zip C	ode
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Horida. Such cha	nge was authoriz-	ed by	the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of char tithe appointm	iging its ient as r	registered egistered
SIGNATURE Signature, typed or printed name of registered agent and title diapplicable (NOTI: Registered Agent signature reported when reinstating) DATE									
12.	Signature, typed or printed name of registered as	ient and tille if applicable ND DIRLICTORS	(NOTE Brigister		nd signature rec	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIR	ECTOR!	S IN 12
TITLE	D OF MOLING ALL					ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	KHATIB, RASHID A			NAME	1				
STREET ADDRESS 5401 KIRKMAN ROAD, SUITE 725				1.3 STHEET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32819			QITY - S					
TITLE	D			IITLE				Change	Addition
NAME	KHOURI, ZAHI W		22	NAME	1				Ì
STREET ADDRESS	5401 KIRKMAN ROAD, SUITE	725	2.3	STREET	ADDRESS				
City-St-ZIP	ORLANDO FL 32819		2.4	ÇITY-S	S1-ZIP				
TITLE			ELETE 3.1	TITLE				Change	Addition
NAME			3.2	NAME	1				
STREET ADDRESS			3.3	STREFT	ADDRESS				
CITY-ST-ZIP		·		CITY-S	S1 - 7IP		·		
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NAME			4	NAME	ļ				ļ
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CITY-ST-ZIP				CHYES	1-ZIP		<u> </u>	'hones	Addition
TITLE		H		TITLE			<u> </u>	Change	L Moulium
NAME	. •			NAME	ADDDI (12				ļ
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	y certify that the information supplies	ad with this films door		CITY-S		ed in Section 119 07(3)(i) Florida Statute	L further cort	du that t	ho

Too nereby certify that are information supplied with this filling does not quality for the exemption stated in section (1907), ribride statutes. Further certify that the formation indicated on this annual report or supplemental annual report is trun 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.

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