

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

FILED
Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000058336 (4)
 1. Corporation Name
KENNETH MARTIN AND ASSOCIATES, INC.



Principal Place of Business: 9705 NE 2ND AVENUE MIAMI SHORES FL 33138
 Mailing Address: 9705 NE 2ND AVENUE MIAMI SHORES FL 33138-2310

100 n.e. 38th Street Suite 1 Miami, FL 33138

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 100 n.e. 38th Street	26 SAME	07/10/1996	7/10
22 Suite 1	27 Suite, Apt #, etc.	4. FEI Number	Applied For
23 Miami, FL	28 City & State	65-0682265	Not Applicable
24 33138	29 Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Dade	30 Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAWRENE A. SILVERMAN, P.A. 6333 W. MCNAB ROAD SUITE 220 TAMARAC FL 33321	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 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 *K.M. Timms*, **K.M. Timms, President** 2-4-97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D KENNETH MICHAEL TIMMS	1.2 NAME	Director
STREET ADDRESS	125 NE 105TH STREET	1.3 STREET ADDRESS	Richard Bernice
CITY-ST-ZIP	MIAMI SHORES FL 33138	1.4 CITY-ST-ZIP	2319 n.e. 16 Ave. Ft. Lauderdale, FL 33305
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	↑	2.2 NAME	Director
STREET ADDRESS	Keep on file	2.3 STREET ADDRESS	Barclay Barnett
CITY-ST-ZIP	ADD	2.4 CITY-ST-ZIP	2319 n.e. 16 Ave. Ft. Lauderdale, FL 33305
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Director
STREET ADDRESS		3.3 STREET ADDRESS	Mike Mucke
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1401 n.e. 49th Street Ft. Lauderdale, FL 33334
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *K.M. Timms*, **K.M. Timms, President** 2-4-97 309-428-1900

CR2E034 (9/96)