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May 05 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 # P96000072105 (5)

1. Corporation Name
MARTEL TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

~~3431 ALOMA AVE. SUITE 221
WINTER PARK FL 32782~~

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WINTER PARK FL 32782~~

~~MARTEL TECHNOLOGIES, INC.
675 ASHFORD OAKS DR. SUITE 108
ALTAMONTE SPRINGS, FL 32714~~

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 DAVID S. PIERCEFIELD, P.A.

27 DAVID S. PIERCEFIELD, P.A.

23 230 LOOKOUT PLACE, SUITE 200

28 230 LOOKOUT PLACE, SUITE 200

24 MAITLAND, FLORIDA 32751

29 MAITLAND, FLORIDA 32751

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERCEFIELD, DAVID S
~~3431 ALOMA AVE., SUITE 221
WINTER PARK FL 32782~~

*moved - New
Address*

DAVID S. PIERCEFIELD, P.A.
230 LOOKOUT PLACE, SUITE 200
MAITLAND, FLORIDA 32751

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MILLER, MARK A
STREET ADDRESS 675 ASHFORD OAKS DRIVE #108
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
*PT/S & D
SAME*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 *M. Miller* DATE *2/25/97*

CR2E034 (9/96)