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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000090617 (7)

LAW OFFICES OF KEITH A MARTIN, P.A.

Mailing Address Principal Place of Business 8642 BRIDLE PATH COURT 8642 BRIDLE PATH COURT DAVIE FL 33328 **DAVIE FL 33328-2813** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0706299 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Bí MARTIN, KEITH A ESO. 8642 BRIDLE PATH COURT 82 Street Address (P.O. Box Number is Not Acceptable) **DAME FL 33328** 83 Zip Code 84 85

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 nance of registered agent and title if applicable (N	OTE: Flegistered Agent signature requir	red when reinstation) DATE	
12,	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	N 12
TITLE	DELETE	1.1 TITLE	Change _	Addition
NAME	Martin, Keith a esq.	1.2 NAME		
STREET ADDRESS	8642 BRIDLE PATH COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328	1.4 CiTY+ST+7iP		
TITLE	DELETE	21 TITLE	☐ Change	Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - \$1 - ZIP		
TITLE	DELETE	3.1 TITLE	Change L	Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY - S1 - ZIP		
TITLE	☐ DECETÉ	41 THTLE	Change L	Addition
NAMÈ		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CiTY-ST-ZiP		
TITLE	☐ DELETE	51 TITLE	Change [	Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	☐ Change ☐	Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
AUTO AT THE		C 1 OLTV C1 TID		

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 Statutos. 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.

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**FILED** 

May 09 1997 8:00am

Secretary of State