## 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

DOCUMENT # P96000090617 (7)

LAW OFFICES OF KEITH A MARTIN, P.A.

**FILED** Apr 22 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		
	•	-	
8642 BRIDLE PATH COURT DAVIE FL 33328	8642 BRIDLE PATH COURT DAVIE FL 33328		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
			11/01/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		65-0706299 Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	····	SR 75 Additional
22	27		5. Certificate of Status Desired Fee Required
City & State	City & State		Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25		30	Personal Property Tax due June 30.  Yes No
g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
MARTIN, KEITH A ESQ.		81 Name	
8642 BRIDLE PATH COURT		82 Street Add	dress (P.O. Box Number is Not Acceptable)
DAVIE FL 33328			
		83	
		84 City	FL 85 Zip Code
11 Purguant to the provisions of Sections 607 65	302 and 607 1508. Horida Statuto	the above-named cor	
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the obli	te of Florida. Such change was ac gallons of, Section 607.0505, Flor	ulhorized by the corpora rida Statutes.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature: typed or printed mane of regulared a	neal and the it applicable (NOT)	Registered Agent signature requ	pred when re-installing) [JA]1
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 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 - S1 - ZIP	
TITLE	DELETE.	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET AUDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY - \$1 - ZIP	•
TIFLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZP		3.4. CITY - \$1 - ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREEL ADDRESS		4.3 STREET ADDRESS	j
CHY-SI-ZIP		4.4 CITY - S1 - ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREEL ADDRESS		53 STREET ADDRESS	
CHY-ST ZIP		54 CITY - ST - ZIP	
TITLE	DETELF	6.1 THLE	Change Addition
NAME		6 S NAME	
STREET ADORESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	·	6.4 C(1Y-S1-7)P	

I 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 armual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficient 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:** 

Q Martin KEITH A MARTIN- PRES

954-770-8987