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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mprtham 🛹

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 05 1998 8:00am Secretary of State

	MENT # P9700 J. Martin, INC.	0006731	(8)			
Drivers of Dise	of Decision	Admilion Address				ł
	ce of Business	Mailing Address				
JADAD B. A	1010-010-0176 4618	LADGO EL 24646	B-STE-H78 BJU	100 F1	oy .	
7/-/5 /	cove con De 10	7 261	5 cove	lay K	DO NOT WRITE IN THIS SPACE	
MANER	water Al	closes	exativ	E	3. Date Incorporated or Qualified	
	cove can be 10 water FI 3370	40 C	Cove	3376	ol 01/17/1997	
7		2a. Mailing Addre	988		4. FEI Number Applied Fo	or
1				<del></del>	59 391 89 39   Not Applic	
¬	. #. e(C.	Suite, Apt. #,	eic,		5. Certificate of Status Desired Fee Required	ai
27			<del></del>		<del></del>	
(a)		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	1
Zip Country		Zip Country		ntry	This corporation owes or has paid the current year Intangible	
24]	25 29		30		Personal Property Tax due June 30. Yes No	1
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
MA	ARTIN, JULIE J		/-	81 Name		
	S1-RIDGE ROAD STE M/73 2 RGB-TE-67648	anudec	# 104	82 Street Address 83 City	ess (P.O. Box Number is Not Acceptable)	
	C 12.	THE COURT OF THE	33760	City	FL   S   Zip Code	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the obligations.	e of Florida. Such chang	ie was authorized	by the corporati	oration submits this statement for the purpose of changing its register ion's board of directors. I hereby accept the appointment as register	ed
SIGNATURE	,		*			
	Signature, typed or printed name of registered ag		(NOTE: Registered	Agent signature require	····	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Tike > MAK	~   -		I	☐ Change ☐ Adx	IIIOII
NAME	cleanwater F1 33760		1.2 NA	1	$\mathcal{N}^{\mathcal{N}}$	
STREET ADDRESS	Class 10/10/2	21 021	1.3811	REET ADDRESS		
CITY-ST-ZIP TITLE	- CARLORETE			Y-ST-ZIP	☐ Change ☐ Ado	tition
NAME	}		2.2 NA	J		,
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				IY-ST-ZIP		
TITLE		DEL			Change Ado	lition
NAME			3.2 NA	ME	- <del>-</del>	
STREET ADDRESS			3.3 STF	REET ADDRESS		
CITY-ST-ZIP			3.4. Cf	TY-ST-ZIP		_
TITLE		☐ DEL			Change Add	Jition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STF	REET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		
TITLE		DEL.	ETE 5.1 TITI	.E	Change Add	iition
NAME			5.2 NAI	AE		
STREET ADDRESS			5.3 STF	REET ADDRESS		
CITY - ST - ZIP				Y-ST-ZIP		
TITLE		☐ DEL	ETE 6.1 TITE	.e. ]	☐ Change ☐ Add	iition
NAME			6.2 NA	AE (		
STREET ADDRESS			6.3 STR	REET ADDRESS		
CITY-ST-ZIP		10 10 Per 1		Y-ST-ZIP	0 6 40 07(0)0 51 44 00 4	
indicated officer or of Block 12 of	certify that the information supplied von this annual report or supplement on the recording to the recording to the recording of the recording to the recording to the recording the rec	vitri this riling does not q al annual report is true a seiver or trustee empowe achment with an address	namy for the exer and accurate and ad to execute the	nption stated in S that my signatur iis report as requ	Section 119.07(3)(i), Florida Statutes. I further certify that the informat e shall have the same legal effect as if made under oath; that I am a jired by Chapter 607, Florida Statutes; and that my name appears in	n