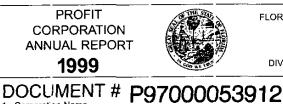
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

MARTELLO ENTERPRISES, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90289 032 \*\*\*150.00



Mailing Address Principal Place of Business 708 QUEENS HARBOR BLVD. 708 QUEENS HARBOR BLVD. JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/18/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Appled For 59-3450212 Not Applicable 21 26 \$8.75 Additional Suite, Art. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Electior Campaign Financing П Added to Fees Trust Fund Contribution 28 23 DAID Zip Country Zip Country 8. This co poration owes the current year Intangible Personal Property Tax. Yes 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MARTELLO, JAMES J Street Address (P.O. Box Number is Not Acceptable) 708 QUEENS HARBOR BLVD. JACKSONVILLE FL 32225 83 85 Zip Cc de City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co-poration submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. Such change was a uthorized 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, Fix rida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE MARTELLO, JAMES J 1.2 NAME NAME 708 QUEENS HARBOR BLVD 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE MARTELLO, SHERRY A 22 NAME NAME 708 QUEENS HARBOR BLVD 2.3 STREET ADDRESS STREET ADDRES JACKSONVILLE FI. 32225 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 4.1 TITLE TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 61 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the informa ion 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 changes, or on an attachment with an address, with all other like empowered.

(11/98)CR2E034