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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P 980000 11442 ox 1. Corporation Name MARTINSMOTEL, COM, Inc.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90073 006 ***150.00

MA	RTINSMOTEL. COM, Inc	•			
Principal Place of Business Mailing Address					
3033 Ridgeway Ave. Same West Palm Beach, FL 33405					
West Palm Reach FL 33405					DO NOT WRITE IN THIS SPACE
West faith begen, the solit				3. Date Incorporated or Qualifed 2 4 9 8	
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					65-0810554 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required
22 27					
23 28					Trust Fund Contribution Added to Fees
Zip Country Zip Co					8. This corporation owes the current year intangible
24	25 29	30	_		Personal Property Tax. Yes No
<u> </u>	9. Name and Address of Current Registered Agent		81	Name	10. Name and Address of New Registered Agent
John M. Yeend				Name	· · ·
			82 Street Add		ess (P.O. Box Number is Not Acceptable)
1109 South Congress Ave. West Palm Beach, FL 33406			83	i	
1.lack	Palus Beach F1 33406		_		
West laim beach, I'L 33,32			84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Sta registered agent, or both, in the State of Florida. Such change was im familiar with, and accept the obligations of, Section 607.0505, F	s authorize	d by	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent and title if applicable (NC OFFICERS AND DIRECTORS	TE: Registere		t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	117			☐ Change ☐ Addition
NAME	DI PI 3	1.2 N	AME		
STREET ADDRESS	Martin Dradovin		TREET	ADDRESS	
CITY-ST-ZIP	3033 Kiddeway Ave		ITY-SI	T-ZIP	
TITLE	DELETE	2.1 T	ITLE		☐ Change ☐ Addition
NAME		2.2 N	AME		
STREET ADDRESS		2.3 \$	TREET	T ADDRESS	
CITY-ST-ZIP			CITY-S	IT-ZIP	
TITLE	DELĘTE .			-	Change
NAME		32 N			
STREET ADDRESS		4		ADDRESS	•
CITY-ST-ZIP TITLE	DELETE	4.1 T	XITY-S TDF	1-219	☐ Change ☐ Addition
NAME			AME		_ • _
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP		4 4 C	ITY-ST	r-ZIP	
TITLE	☐ DELETE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 N			
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP			TY-ST	r-ZIP	
TITLE	☐ DELETE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 N		ADDDESS	
STREET ADDRESS		1		ADDRESS	
CITY-ST-ZIP		6.4 C	TY-ST	-4iP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GERICER OR DIRECTO

MARTIN J. BRADBURN 2-2049

561-632-062

Daytime Phone #