PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000060422

MARTENS CONSULTING, INC.

Principal Place of Business Mailing Address

1313 HERITAGE ACRES BOULEVARD ROCKLEDGE FL 32953 1313 HERITAGE ACRES BOULEVARD

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90027 021 ***150.00

DO NOT WRITE IN THIS SPACE		

3. Date incorporated or Qualifed 07/06/1998

		1				4. FEI Number	Ane	lied For
2. Principal Pl	ace of Business	2a. Mailing Address				50-2517103	<u> </u>	Applicable
21 26 26			- A-> # etc			37 3320100	\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Rec		
22		27 City	L Cioto			8. Election Campaign Financing	\$5.00	May Bo
City & State City & State						Trust Fund Contribution	Added to	
23 Zip	Country	Zip		Count	rv -	8. This corporation owes the current	vear Intancible	
- ¬ `					Personal Property Tax. Yes No			⊠No
24	9. Name and Address of Current	11		~		10. Name and Address of New Reg		
	3. Italia wa ha a a a a a a a a a a a a a a a a			8	1 Name			
MARTENS, DAVID A					AD O DOWN to to Not Assembly			
	HERITAGE ACRES BOULEVARD			a	82 Street Address (P.O. Box Number is Not Acceptable)			
ROCKLEDGE FL 32953				8	83			
					4 City		FL 85 Zip C	·
_11_Pursuant	to the provisions of Sections 607,0502.	and 607:150	8 Florida Statute	a-the abo	ve-named.com	poration:submite this statement for the pur on's board of directors. I hereby accept the	pose:of:changing:its:r	egistered :
	egistered agent, or both, in the State of m frequently with, and accept the obligation					inte from or angelore, remony according		· ·
SIGNATURE	The second of the second							
SIGNATURE	Signature, typic or printed name or registered agent a	nd title if applica	dia (NOTE:		pent signature requir		DATE TO SO T	
12.	OFFICERS AND	DIRECTOR		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	Addition :
TILE	President		☐ DELETE	1.1 TITLE	3		□ cuanhe	
NAME	David A Marto	15	1 1	1.2 NAM	E			2
STREET ADDRESS	TREETADORESS 1313 Heritage Micros 23/00 138			1.3 STRE	ET ADORESS			RS IN 12 SS
CITY-ST-ZIP	Rockledge FL 32955			14 CITY	-ST-ZIP			
TITLE	& Vice President		2.1 TTL	•		☐ Change	Addition C	
NAME	1-r·:1: T YY)ay7rb5 122			22 NAM	E			} .
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CITY-ST-ZIP	1 Xock Jedov : FL 30/935 12			2.4 CTTY	-ST-ZIP			
TITLE	Secretary Treasurer DELETE		3.171111	}		☐ Change	Addition	
NAME	The second of the second	2-w c		3.2 NAM	E		·	
STREET ADORESS	13/3 Heritage	ひとラン	3000	3.3 STR	ET ADDRESS			ſ
CITY-ST-ZIP	Bock ladge FL	3019	<u> </u>	3.4 CITY	-ST-ZIP			
TITLE			DELETE	4,1 TITLE			Change	☐ Addition
NAME	2 e - 5 - 5		. .	_4.2 NAM	حے∫ نے ہے۔	والمساسين فعالمتهم المناطون والمعالي والمعالي والمعالي		
STREET ADDRESS			•	4.3 STRE	ET AODRESS			l
CITY-ST-ZIP				4.4 CITY	ST-ZIP			
TITLE			DELETE	5.1 1171.6		•	Change	Addition
NAME	•			5.2 NAM	E			- 1
STREET ADDRESS				5.3 STRE	ET ADORESS			,
CITY-ST-ZIP				5.4 CITY				
TITLE			DELETE .	6.1 TITLE			☐ Change	Addition
NAME				62 NAM	E			Ì
STREET ADDRESS				6.3 STRE	ET ADDRESS			1
CITY-ST-ZIP				6.4 CITY	ST-ZIP			
	partify that the information graphed with	this filing do	ne not qualify for	the even	otion stated in	Section 119.07(3)(i), Florida Statutes, I fur	rther certify that the in	formation

I need y carry that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(2)(i), Fichical Statutes. I further carry that the information indicated on this annual report or supplemental ennual report is true and accurate and that my signature shall have the same legal effect as if made under call; 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 ag address, with all other like empowered.

SIGNATURE: