

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90038 035 ***150.00

DOCUMENT # P98000062406

1. Corporation Name

MARTIN INSURANCE GROUP INC.

Principal Place of Business
1560 EAST 8TH AVENUE
HIALEAH FL 33010

Mailing Address
1560 EAST 8TH AVENUE
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1998

4. FEI Number

05-0850679

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MARTIN, MAGLI M
1560 EAST 8TH AVENUE
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name

MAGALI M. MARTIN

82 Street Address (P.O. Box Number is Not Acceptable)

1560 EAST 8TH AVENUE

83

84 City

HIALEAH

FL

85 Zip Code

33010

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized 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, Florida Statutes.

SIGNATURE

MAGALI M. MARTIN
Signature, typed or printed name of registered agent and title if applicable.

MAGALI M. MARTIN PRES

DATE

3/18/99

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
MARTIN, MAGALI M
1560 EAST 8TH AVENUE
HIALEAH FL 33010

13. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTIN, MAGALI M
1560 EAST 8TH AVENUE
HIALEAH FL 33010

14. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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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:

MAGALI M. MARTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99
Date

305 887 9796
Daytime Phone #

CR2E034 (1/98)