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

DOCUMENT # P98000070424

1. Corporation Name

SUSY MARTIAN, INC.					
Principal Place of Business	Mailing Address				
1015 W. BLANN DR. TAMPA FL 33603	1015 W. Blann dr. Tampa fl 33603				
Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90220 012 ***150.00



TAMPA FL 3360	3 TAMPA FL 33603					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/10/1998	-		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21		26				59-3534360		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee R	equired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	. 🗅	Added	to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the curr	ent year Inta	ngible	
24	25	29	30			Personal Property Tax.		☐Yes	□No
	g. Name and Address of Currer	nt Registered Agent				10. Name and Address of New I	Registered /	Agent	
			1	81 1	Name				
PEAF	RSALL, WAYNE		<u> </u>		D44 A	(D.O. Boy Number in Not Accept	able)		····
2506 AZEELE ST.			J'	82 :	Street Add	ress (P.O. Box Number is Not Accepta	able)		J
TAM	PA FL 33609		la la	83					
			L				<u></u>		
			1	84 (City		FL	85 Zip	Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized orida Statut	by the	e corporati	oration submits this statement for the on's board of directors. I hereby acce	pt the appoi	changing its	registered egistered
	Signature, typed or printed name of registered age	****	: Registered A	gent s	ignature require	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DPT	☐ DELETE	1.1 TITL	.E	}			☐ Change	Addition
NAME	MARSIAN, SUSAN J		1.2 NAM	ÆΕ					
STREET ADDRESS	1015 W. Blann Dr.		1.3 STR	EET AL	DDRESS				
CITY-ST-ZIP	TAMPA FL 33603		1.4 CITY	Y-ST-Z	ZIP				
TITLE	VS	DELETE	2.1 TITL	£				Change	☐ Addition
NAME	Marsian, Donald H		2.2 NAM	Æ				•	
STREET ADDRESS	2102 RAMBLEWOOD CT.		2.3 STR	EET AC	DDRESS				ļ
CITY-ST-ZIP	BRANDON FL 33510		2 4 C/T	Y-ST-Z	ZIP				
TITLE		☐ DELETE	3.1 TITL	E			•	Change	Addition
NAME			3.2 NAA	dΕ					
STREET ADDRESS			3.3 STR	EET AC	DDRESS	•			
CITY-ST-ZIP			3.4. CIT	Y-ST-Z	ZIP				
TITLE		☐ DELETE	4.1 TITL	.E				☐ Change	Addition
NAME			4. 2 NAJ	ME	1				
STREET ADDRESS			4.3 STR	REET AL	DDRESS				
CITY-ST-ZIP			44 CIT	Y-ST-Z	ZIP				
TITLE		☐ DELETE	5.1 TITL	£				Change	Addition
NAME			5.2 NAM	ΛE					
STREET ADDRESS			5.3 STR	REET AL	DORESS				
CITY-ST-ZIP	4		5.4 CIT	Y-ST-Z	ZIP				_
TITLE		☐ DELETE	6.1 TITL	E			·	Change	Addition
NAME			6 2 NAN	ΜE					
STREET ADDRESS			6.3 STR	REET AL	DORES\$				ł

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

STREET ADDRESS