

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:41

DOCUMENT # **S24775** (6)

1. Corporation Name
TONY MARTINEZ & ASSOC., INC.

Principal Place of Business	Mailing Address
1033 SEMORAN BLVD SUITE 245 CASSELBERRY FL 32707 US	1033 SEMORAN BLVD SUITE 245 CASSELBERRY FL 32707 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/14/1991	3a. Date of Last Report 03/24/1994
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3041560	Applied For Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MARTINEZ, ANTONIO J.
369 KANTOR BLVD
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name MARTINEZ, Antonio J.
82 Street Address (P.O. Box Number is Not Acceptable) 1079 DYCOW DRIVE
83
84 City Winter Springs
85 Zip Code FL 32708

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: Antonio J. Martinez, President DATE: April 11, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME MARTINEZ, ANTONIO J	1.1 TITLE D.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 369 KANTOR BLVD	CITY-ST-ZIP CASSELBERRY FL	1.2 NAME MARTINEZ, ANTONIO J.	
		1.3 STREET ADDRESS 1079 DYCOW DRIVE	
		1.4 CITY-ST-ZIP Winter Springs, FL 32708	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: Antonio J. Martinez, President DATE: April 11, 1995 (407)331-7709