

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 # S79451

1. Corporation Name

MARTINI ENTERPRISES, INC.

Principal Place of Business

**13302 PALM BEACH BOULEVARD
FORT MYERS FL 33905-2028**

Mailing Address

**13302 PALM BEACH BOULEVARD
FORT MYERS FL 33905-2028**

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90247 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1991

4. FEI Number

65-0281283

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**MARTINI, CLARENCE R.
2613 CARTAGENA AVE SE
FORT MYERS FL 33905**

10. Name and Address of New Registered Agent

81 Name **Martini Sisters.**
82 Street Address (P.O. Box Number is Not Acceptable)
13302 Palm Beach Blvd.
83
84 City **Ft Meyers** **FL** 85 Zip Code **33905**

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

Victoria Pingleton

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

(NOTE: Registered Agent signature required when reinstating)

2-5-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **MARTINI, CLARENCE R.**
STREET ADDRESS **2613 CARTAGENA AVE SE**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE

NAME **MARTINI, MARY LOUISE**
STREET ADDRESS **2613 CARTAGENA AVE SE**
CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ DELETE

NAME **President**
STREET ADDRESS **Victoria Pingleton**
CITY-ST-ZIP **13302 Palm Beach Blvd.**
Ft Meyers FL 33905

TITLE ☐ DELETE

NAME **Vice President**
STREET ADDRESS **Beverly Timmons**
CITY-ST-ZIP **13302 Palm Beach Blvd.**
Ft. Meyers FL 33905

TITLE ☐ DELETE

NAME **Secretary**
STREET ADDRESS **Mary Beth Jones**
CITY-ST-ZIP **13302 Palm Beach Blvd.**
Ft Meyers FL 33905

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: *Victoria Pingleton* *Victoria Pingleton* **2-5-99** **941-694-2827**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)