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Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S84481** (8)

1. Corporation Name  
**MILLIE MARTIN REALTY, INC.**



Principal Place of Business  
**100 CLUBHOUSE BLVD  
NEW SMYRNA BEACH FL 32168**

Mailing Address  
**100 CLUBHOUSE BLVD  
NEW SMYRNA BEACH FL 32168-7808**

3. Date Incorporated or Qualified <b>10/02/1991</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>59-3092035</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**ROSS, WILLIAM L. JR.  
221 NORTH CAUSEWAY  
NEW SMYRNA BEACH FL 32170**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PVD	<input type="checkbox"/> DELETE			
NAME	MARTIN, MILDRED L.				
STREET ADDRESS	1104 RED MAPLE WAY				
CITY-ST-ZIP	NEW SMYRNA BEACH FL				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	MARTIN, MILDRED L.				
STREET ADDRESS	1104 RED MAPLE WAY				
CITY-ST-ZIP	NEW SMYRNA BEACH FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	MARTIN, DONALD F				
STREET ADDRESS	1104 RED MAPLE WAY				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I do 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.

SIGNATURE: *Mildred L. Martin* **Mildred L. Martin**  
4/7/97 904 428-7379  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #