


**FILED**  
**Jun 18, 1999 8:00 am**  
**Secretary of State**

06-18-1999 90003 004 \*\*\*150.00

07-12-1999 90009 043 \*\*\*400.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S98654</b>					
1. Corporation Name <b>MARTIN MANAGEMENT CONSULTING, INC.</b>					
Principal Place of Business <b>51 MAIN STREET</b> <b>SUITE 201</b> <b>DUNEDIN FL 34698</b> <b>US</b>			Mailing Address <b>P.O. BOX 98</b> <b>PALM HARBOR FL 34682</b> <b>US</b>		
2. Principal Place of Business <b>2511 DOLLY BAY DR #306</b>		2a. Mailing Address Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/05/1991</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3094217</b>	
22 City & State <b>Palm Harbor, FL</b>		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip <b>34684</b>		28 Zip <b>34684</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country <b>USA</b>		29 Country <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GOTTLIEB &amp; GOTTLIEB P.A.</b> <b>2475 ENTERPRISE RD</b> <b>S200</b> <b>CLEARWATER FL 34623</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>PTS</b>			1.1 TITLE <b>MARTIN, WILLIAM W.</b>		
NAME <b>MARTIN, WILLIAM W.</b>			1.2 NAME		
STREET ADDRESS <b>837A KEENE RD. N.</b>			1.3 STREET ADDRESS <b>2511 DOLLY BAY DR. # 306</b>		
CITY-ST-ZIP <b>CLEARWATER FL</b>			1.4 CITY-ST-ZIP <b>PALM HARBOR, FL 34684</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 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: William W. Martin 6/9/99 727-937-2054  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/96)