

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

034167

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90080 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V21987**

1. Corporation Name

MARTIN ATKINS U.S.A., INC.

Principal Place of Business

Mailing Address

~~22704 EL DORADO CT~~
~~287 EAGLE DR~~
~~JUPITER FL 33477~~
US

~~7251 W. PALMETTO PARK RD~~
~~C/O NANCY CROWN STE 200~~
~~BOCA RATON FL 33433~~
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1992

4. FEI Number

65-0323448

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 **1220 US Hwy 1**

26 **1220 US Hwy 1**

Suite, Apt. #, etc. **SUITE B**

Suite, Apt. #, etc. **SUITE B**

22 City & State **NORTH Palm Bch FL**

27 City & State **NORTH Palm Bch FL**

23 Zip **33408** Country **USA**

28 Zip **33408** Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROWN, NANCY E ESQ
7251 W. PALMETTO PARK RD
SUITE 200
BOCA RATON FL 33433

81 Name **MARTIN ATKINS**

82 Street Address (P.O. Box Number is Not Acceptable)

1220 US HIGHWAY 1 Ste B

83

84 City **NORTH Palm Bch**

FL

85

Zip Code **33408**

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

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

(NOTE: Registered Agent signature required when reinstating)

3/12/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **ATKINS, MARTIN**
STREET ADDRESS **387 EAGLE DR**
CITY-ST-ZIP **JUPITER FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1220 US Hwy 1 Ste B**
1.4 CITY-ST-ZIP **NORTH Palm Bch, FL 33408**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 (561) 776-1414
Date Daytime Phone #

CR2E034 (11/98)