

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -6 AM 9:45

DOCUMENT # V67292 (5)

1. Corporation Name  
MARTAN, INC.

Principal Place of Business  
41 PLANTATION DR  
#203  
VERO BEACH FL 32906  
US

Mailing Address  
41 PLANTATION DR #203  
VERO BEACH FL 32906  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/24/1992  
3a. Date of Last Report 03/29/1994

|                                |  |                        |  |                                                                                         |  |                                                                     |  |
|--------------------------------|--|------------------------|--|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 4. FEI Number                                                                           |  | Applied For                                                         |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 65-0363721                                                                              |  | Not Applicable                                                      |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired                                                        |  | <input type="checkbox"/> \$8.75 Additional Fee Required             |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing                                                          |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |  |
| 24 Country                     |  | 29 Country             |  | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAY, ANNA J.  
41 PLANTATION DR.  
#203  
VERO BEACH FL 32906

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                     | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MAY, MARTIN J.        | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 41 PLANTATION DR #203 | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | VERO BEACH FL         | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MAY, ANNA J.          | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 41 PLANTATION DR #203 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | VERO BEACH FL         | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                       | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                       | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                       | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                       | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                       | 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)(b), 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:

*Martin J. May* VP-TREAS.

4/1/95

407-778-9290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number