

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

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 829811 (9)**  
 1. Corporation Name  
**M & M MANAGEMENT COMPANY**



Principal Place of Business <b>176 W. MAIN STREET                  VENTURA CA 93001                  US</b>	Mailing Address <b>P. O. BOX 1747                  VENTURA CA 93002-1747                  US</b>
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3. Date Incorporated or Qualified <b>03/29/1973</b>		3a. Date of Last Report <b>03/22/1996</b>	
2. Principal Place of Business		4. FEI Number <b>95-2399848</b>	
2a. Mailing Address		Applied For Not Applicable	
21. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23. City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip Country			
25. Country			
26. Zip			
27. Country			
28. Zip			
29. Country			
30. Zip			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				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 \_\_\_\_\_  
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELLISON, JOSEPH MARK</b>	1.2 NAME	<b>MARTIN W. LAVERE</b>
STREET ADDRESS	<b>176 W. MAIN STREET</b>	1.3 STREET ADDRESS	<b>176 W. MAIN ST.</b>
CITY - ST - ZIP	<b>VENTURA CA</b>	1.4 CITY - ST - ZIP	<b>VENTURA, CA 93001</b>
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLISON, MATTHEW O</b>	2.2 NAME	
STREET ADDRESS	<b>1262 WESTRIDGE DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VENTURA CA</b>	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPONSELLER, DENISE</b>	3.2 NAME	
STREET ADDRESS	<b>7320 LOMA VISTA ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VENTURA CA</b>	3.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLISON, MARILYN SUE</b>	4.2 NAME	
STREET ADDRESS	<b>176 W. MAIN STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VENTURA CA</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: **Martin W. La Vere** **MARTIN W. LAVERE** 4-28-97 805-648-6925  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/96)