

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000004320 (7)**

1. Corporation Name  
**MM PROJECT II CORPORATION**



Principal Place of Business: **% MIDLAND BANK PLC. NEW YORK BRANCH 140 BROADWAY NEW YORK NY 10005-1185**  
Mailing Address: **% MIDLAND BANK PLC. NEW YORK BRANCH 140 BROADWAY, ATTN: LEGAL DEPARTMENT NEW YORK NY 10005-1185**

2. Principal Place of Business: [21] State, Apt. #, etc.: [22] City & State: [23] Zip: [24] Country: [25]  
2a. Mailing Address: [26] State, Apt. #, etc.: [27] City & State: [28] Zip: [29] Country: [30]

3. Date Incorporated or Qualified: **08/19/1994** 3a. Date of Last Report: **10/05/1995**  
4. FEI Number: **13-3676077** Applied For: [ ] Not Applicable: [ ]  
5. Certificate of Status Desired: [X] **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution: [ ] **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ] State: **FL** 85 Zip Code: [ ]

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: [Signature] (Print Name and Title) [Signature] (Print Name and Title) DATE: [ ]

12. OFFICERS AND DIRECTORS

11.1 TITLE	PD	<input type="checkbox"/> DELETE
11.2 NAME	PETERSON, RICHARD A	
11.3 STREET ADDRESS	140 BROADWAY	
11.4 CITY-STATE-ZIP	NEW YORK NY 10005	
11.5 TITLE	VD	<input type="checkbox"/> DELETE
11.6 NAME	RAIMONDO, DANIEL J	
11.7 STREET ADDRESS	140 BROADWAY	
11.8 CITY-STATE-ZIP	NEW YORK NY 10005	
11.9 TITLE	SD	<input type="checkbox"/> DELETE
11.10 NAME	CANDIDO, LARRY S	
11.11 STREET ADDRESS	140 BROADWAY	
11.12 CITY-STATE-ZIP	NEW YORK NY 10005	
11.13 TITLE	C	<input type="checkbox"/> DELETE
11.14 NAME	BURKLAND, LISA	
11.15 STREET ADDRESS	140 BROADWAY	
11.16 CITY-STATE-ZIP	NEW YORK NY 10005	
11.17 TITLE	D	<input type="checkbox"/> DELETE
11.18 NAME	DUNN, LONNIE	
11.19 STREET ADDRESS	140 BROADWAY	
11.20 CITY-STATE-ZIP	NEW YORK NY 10005	
11.21 TITLE	V	<input type="checkbox"/> DELETE
11.22 NAME	MASEK, GEORGE W	
11.23 STREET ADDRESS	140 BROADWAY	
11.24 CITY-STATE-ZIP	NEW YORK NY 10005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	John F. Root	
13.3 STREET ADDRESS	140 Broadway	
13.4 CITY-STATE-ZIP	New York, N.Y. 10005	
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-STATE-ZIP		
13.9 TITLE	BURKHARD, LISA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-STATE-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-STATE-ZIP		
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY-STATE-ZIP		

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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, in an attachment with an address.

SIGNATURE: [Signature] **Larry S. Candido** Secretary & Director 2/5/96 (212)658-1235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Filed

CR2E034 (12/95)