## -NC 5.8.978 - 6708 - NC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # H12529** 

(4)

MPM PROPERTIES, INC.  Principal Place of Business  Mailing Address  715 DAKOTA AVENUE  ST. CLOUD FL 34769  ST. CLOUD FL 34769  ST. CLOUD FL 34769											
								3. Date Incorporated or Qualified 07/17/1984		te of Last R	eport
2. Principal	Place of Business	28.	Mailing Address	· · · · · · · · · · · · · · · · · · ·				4. FEI Number	1 371		plied For
1]		26						59-2435307		Nc	t Applicabl
Suite, Ap	f. #, elc.	27	Suite, Apt. #, etc.					6. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	ile	28	City & State					Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	
Zip	Country		Zip	— —	intry	/		8. This corporation has liability for			. 199.032,
1	25	29	· · · · · · · · · · · · · · · · · · ·	30		· · · · · · · · · · · · · · · · · · ·			Yes [		
	9. Name and Address of Curr	ent Regis	tered Agent			T M	1	0. Name and Address of New Re	gistered	Agent	
	UNDEL, GEORGETTE				81	Name					
3344 HENRY J. AVENUE					82	Street Ad	ddress	(P.O. Box Number is Not Acceptab	ole)	<del>,</del>	
SI.	. CLOUD FL 34772				63						
					0.3	l					
					84	City			FL	85 Zip	Code
34 5	007.0		02.4500.51.51.01.4		<u></u>						
office or agent T SIGNATURE	if to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obling areas speed or printed name of registered.	igations o	t, Section 607.0505, F	lorida Sta	tute	y the corpor			ot the app	ointment as	registered
2.	OFFICERS A		777	13.				ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	IS IN 12
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AME	GRUNDEL, THOMAS A.			1.2 N	AME	1					
TREET ADDRESS	3344 HENRY J AVE			1.3 S	TREET	T ADDRESS					
(1y - \$1 - ZIF	ST CLOUD FL			1		ST-ZIP					
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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 actual 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 Indicated on this actual report 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

5.2 NAME 5 3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

**6 3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

THLE

NAME

DELETE

Change

Addition

**FILED** 

May 08 1997 8:00am

Secretary of State