

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K61479** (7)

1. Corporation Name
M & M STUDIOS, INC.



Principal Place of Business: **6530 W. INDIANTOWN RD JUPITER FL 33458**
Mailing Address: **6530 W. INDIANTOWN RD JUPITER FL 33458**

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

3. Date Incorporated or Qualified: **01/23/1989**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **65-0103029**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**WELCH, MICHAEL
114 B BENT ARROW DRIVE
JUPITER FL 33458**

10. Name and Address of New Registered Agent

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 607.0202 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

12. OFFICERS AND DIRECTORS

| | | | | |
|-----------|----------------|--------------------|------------|---------------------------------|
| TITLE: PD | WELCH, MICHAEL | 114B BENT ARROW DR | JUPITER FL | <input type="checkbox"/> DELETE |
| TITLE: VD | WELCH, MARILYN | 114B BENT ARROW DR | JUPITER FL | <input type="checkbox"/> DELETE |
| TITLE: | | | | <input type="checkbox"/> DELETE |
| TITLE: | | | | <input type="checkbox"/> DELETE |
| TITLE: | | | | <input type="checkbox"/> DELETE |
| TITLE: | | | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME: | |
| 13 STREET ADDRESS: | |
| 14 CITY-STATE-ZIP: | |
| 21 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME: | |
| 23 STREET ADDRESS: | |
| 24 CITY-STATE-ZIP: | |
| 31 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME: | |
| 33 STREET ADDRESS: | |
| 34 CITY-STATE-ZIP: | |
| 41 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME: | |
| 43 STREET ADDRESS: | |
| 44 CITY-STATE-ZIP: | |
| 51 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME: | |
| 53 STREET ADDRESS: | |
| 54 CITY-STATE-ZIP: | |
| 61 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME: | |
| 63 STREET ADDRESS: | |
| 64 CITY-STATE-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)(k), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked in on an all column with an address.

SIGNATURE: *Marilyn Welch* MARILYN WELCH 1-17-96 4077442754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)