

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

**FILED**  
**Apr 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000004758 (7)**  
 1. Corporation Name  
**MMJ RESTAURANTS II, INC.**



Principal Place of Business <b>3475 SHERIDAN STREET,                  STE #315                  HOLLYWOOD FL 33024                  US</b>	Mailing Address <b>3475 SHERIDAN STREET                  STE #315                  HOLLYWOOD FL 33021                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1032 EAST LAS OLAS BLVD</b> Suite, Apt. #, etc. <b>22 FT. LAUDERDALE, FL</b> City & State <b>23 33301</b> Zip <b>24 US</b> Country		2a. Mailing Address <b>26 1032 EAST LAS OLAS BLVD</b> Suite, Apt. #, etc. <b>27 FT. LAUDERDALE, FL</b> City & State <b>28 33301</b> Zip <b>29 US</b> Country		3. Date Incorporated or Qualified <b>01/21/1993</b>	4. FEI Number <b>65-0387559</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7. <b>\$8.75</b> Additional Fee Required		7. <b>\$5.00</b> May Be Added to Fees				

9. Name and Address of Current Registered Agent <b>MILITELLO, MARK</b> <b>3475 SHERIDAN STREET</b> <b>STE #315</b> <b>HOLLYWOOD FL 33021</b>				10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>1032 East Las Olas Blvd</b> <b>83</b> <b>84 City</b> <b>FT LAUDERDALE</b> <b>FL</b> <b>85 Zip Code</b> <b>33301</b>			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILITELLO, MARK	1.2 NAME	
STREET ADDRESS	3475 SHERIDAN STREET, #315	1.3 STREET ADDRESS	1032 EAST LAS OLAS BLVD
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMARCO, JOHN	2.2 NAME	
STREET ADDRESS	3475 SHERIDAN ST, #315	2.3 STREET ADDRESS	1032 EAST LAS OLAS BLVD
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
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 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: *[Signature]* 3/28/98 954-463-1000

CR2E034 (10/97)