

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

**FILED**  
**May 01 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 # P96000025426 (3)**  
 1. Corporation Name  
**M & N INVESTMENT INC.**



Principal Place of Business <b>2480 NE 48TH ST LIGHTHOUSE POINT FL 33064</b>	Mailing Address <b>2480 NE 48TH ST LIGHTHOUSE POINT FL 33064-7257</b>
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2. Principal Place of Business 21 <b>2910 NE 47TH ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2910 NE 47 ST</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>03/18/1996</b>	3a. Date of Last Report
22 City & State 23 <b>LightHouse Point, FL 33064</b>	27 City & State 28 <b>LightHouse Pt, FL 33064</b>	4. FEI Number <b>58-2236565</b>	Applied For Not Applicable
24 <b>33064</b> 25 <b>USA</b>	29 <b>33064</b> 30 <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent <b>HCRM CORP. 2200 CORPORATE BLVD NW SUITE 401 BOCA RATON FL 33431</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HCRM CORP. 2200 CORPORATE BLVD NW SUITE 401 BOCA RATON FL 33431</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			<b>FL</b>
			85 Zip Code

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SALIMBENE, MICHAEL</b>	1.2 NAME	<b>SALIMBENE, Michael</b>
STREET ADDRESS	<b>2480 NE 48TH ST</b>	1.3 STREET ADDRESS	<b>2910 NE 47 ST,</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	1.4 CITY-ST-ZIP	<b>LightHouse Point, FL 33064</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<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: Michael Salimbene **Michael SALIMBENE** Date: 2/12/97 Daytime Phone #: 954-946-1074

CR2E034 (9/96)