## 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 # 275621

(1)

M & M EXCAVATING INC

**FILED** Mar 07 1997 8:00am Secretary of State



Principal Place of Business 5511 NW 22ND AVE TAMARAC FL 33309 US		C/O SOUTH I	Mailing Address  C/O SOUTH BROWARD ACCOUNTING SERVICE  -2611 - N HATUS ROAD SUITE 113  -COOPER CITY FL 23026/303 US			3.	3. Date Incorporated or Qualified  3a. Date of Last Report				
2. Principal P	lace of Business	2a. Mailing A	2a. Myiling Address				11/13/1963 04/10 4. FEI Number 59-1025892			Applied For	
Suite, Apt	#, etc.		Broward Accoun	nting	Services,	Incs.	Certificate of Status Desired		\$8.75	Not Applicab  Additional  Required	
City & Stat	0	Gity & St	Suite 2	260		6.	Election Campaign Financing Trust Fund Contribution			May Be	
Zip 4	Country 25	Ζ(p 29	Pembroke Pines	onlo	32024			Yes [	] No	s. 199.032,	
	9, Name and Address of Curre	ent Registered Age	nt	81	T''''.	10.	Name and Address of New Re	gistered /	<b>Agent</b>		
CALIENDO, SAM C.					Name		•				
SUTT							P.O. Box Number is Not Acceptat	ole)			
BOC	A RATON FL 33487			83							
				84	City		<u></u>	FL	85 Zir	p Code	
11. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 607.00 registered agent, or both, in the Stat rn familiar with, and accept the obli	502 and 607, 1508, Fite of Florida Such o igations of, Section (	607.0505, Florida Sta	atute	S.				changing ointment a	its registere as registered	
	Signature typed or pentist name of registered 8				ent signature require			DATE DEDC AND	DIDECTO	200 IN 10	
2.	POST	ND DIRECTORS	<b>13.</b> DELETE 1.11	TITLE		• • • • • • • • • • • • • • • • • • • •	ADDITIONS/CHANGES TO OFFIC	ENS AND	Change		
IAME	MARTIN,RONALD J		1	NAME	\ \ \ \				LL Ollarigo	, Carl Moon	
THEFT ACORESS	2401 N.E. 9 STREET				T AODRESS						
Ir-St-ZIP	POMPANO BEACH FL				ST-ZIP						
LI		T.		TITLE		***************************************			Change	e 🔲 Addit	
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I do hereby certify that the information supplied with this filling 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 direction of the corporation of 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 for on an attachment with an address. J. MATW - Mas. 2:21-99 (954) 485-1900

**SIGNATURE**