

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 414907 (6)

1. Corporation Name
M & M ENTERPRISES OF DAYTONA, INC.



Principal Place of Business: 1502 STATE AVENUE HOLLY HILL FL 32117
Mailing Address: 1502 STATE AVENUE HOLLY HILL FL 32117

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

3. Date Prepared For Qualified: 12/19/1972 3a. Date of Last Report: 05/01/1995
4. EIN Number: 59-1439129 Applied For: Not Applicable
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**BUTTERFIELD, JOHN E.
501 PEACOCK ROAD
HOLLY HILL FL 32017**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0102 and 607.1506.

SIGNATURE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETED
NAME	BUTTERFIELD, JOHN E.	
STREET ADDRESS	501 PEACOCK RD.	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	VST	<input type="checkbox"/> DELETED
NAME	BUTTERFIELD, MARY Y.	
STREET ADDRESS	501 PEACOCK RD.	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	D	<input type="checkbox"/> DELETED
NAME	BUTTERFIELD, MARY, Y	
STREET ADDRESS	501 PEACOCK RD	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-ST-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

14. I do hereby certify that the information appearing with this statement was voluntarily furnished and does not qualify for the exemption stated in Section 19.071(3)(b) Florida Statutes. I further certify that the information included on this annual report is a copy of the information that appears in the public records and that my signature and the seal have the same legal effect as if made under oath. That I am an officer or director of the corporation or the successor trustee corporation of the corporation to exclude the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *John Butterfield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

904/612-1554

CR2E034 (12/95)