FILED Apr 26, 1999 8:00 am Secretary of State

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 696180

1. Corporation Name

M & M TRANSMISSIONS INC.

								ikla oola oolah o	JENI BIEN BIEN E	(4)   B 2     B 6	
Principal Place of Business Mailing Address											
5400 N STATE I	RD 7	5400 N STATE RD 7									
FT. LAUDERDALE 33319-2922		FT. LAUDERDALE 33319-2922				DO NOT WRITE IN THIS SPACE					
						-	Date Incorporated or Qualifed	TE III TI II	JI ACL		
										1	
							07/27/1981 4. FEI Number		I An	lied For	
2. Principa Pl	ace of Business	2a. Mailing Address							Apr lied For Not Applicable		
21		26					<u>59-2184775</u>		<del></del>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A iditional Fee Required		
22		27					<del></del>				
City & State		City & State	<b>⊢</b> '				6. Election Campaign Financing	\$5.00 Added to			
23		28	Cau				Trust F und Contribution			rees	
Zip Cour try		Zip					8. This corporation owes the current year intangible  Person al Property Tax.				
24	25		29 30				Persor al Property Tax. Yes MNo  10. Name and Address of New Registers d Agent				
	9. Name and Address of Currer	nt Registered Agent		81	Name		10. Name and Address of New	<u>vegistere u</u>	Agent		
LEIM	OFF, MICHAEL			"	Name						
5770 N.W. 60 AVENUE				82 Street Ad		Acidres	s (P.O. Bo) Number is Not Accept	able)			
	AUDERDALE FL 33319										
FI U	HODERDALE LE 33319			83						ĺ	
				84	City				85 Zip C	ode	
		,						FL	-   (		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida State	ti tes, the al	bove	e-named o	corpora	ation submits this statement for the	purpose of ot the appo	changing its intment as rec	istered	
office of re agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	et ons of, Section 607.0505, F	Florida Statu	ıtes		natuon.	a board of finediates. Thereby cons	pp., -			
SIGNATUF:E	_										
SIGNATURE	Signature, typed or printed name of registered age	n and title if applicable. (NC	TE Registered	Agen	it signature re	eq iired w		DATE			
12.	OFFICERS AF	NI) DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS N			
TITLE	DS DELETE		11 TH	11 TITLE					☐ Change	Addition	
NAME LENOFF, MICAHEL			1.2 N		1.2 NAME						
STREET ADDRESS 5770 NW 60TH AVENUE		1.3 \$		1.3 STREET ADDRESS							
CITY-ST-ZIP FT LAUDERDALE FL		1		14 CITY-ST-ZIP							
TITLE	D			2.1 TITLE			<del></del>		Change	☐ Addition	
NAME	LENOFF, MARVIN		2 2 NA	22 NAME						{	
STREET ADDRESS 16850 SOUTH GLADES DR			2.3 STR		ADDRESS					ĺ	
CITY-ST-ZIP	MODELL MIANU DOLL EL 00000		2.4 C	2.4 CITY-ST-ZIP							
TITLE			3.1 TIT	•					☐ Change	Addition	
NAME	·			3.2 NAME							
STREET ADDRESS	22 190			3.3 STREET ADDRESS							
				3.4. CITY-ST-ZIP		ĺ					
CITY-ST-ZIP TITLE		☐ DELETE			1-21				Change	Addition	
						ĺ				_	
NAME	100 C		1	4.2 NAME 4.3 STREET ADDRESS							
STREET ADDRI SS	· · · · · · · · · · · · · · · · · · ·		•			ĺ				ì	
CITY-ST-ZIP				4 CITY-ST-ZIP		г—			Change	Addition	
TITLE	— ·			5.1 TITLE 5.2 NAME							
NAME					TADDRESS	1					
STREET ADDRESS					- 1						
CITY-ST-ZIP			5.4 CI		1-219	⊢—			Change	Addition	
TITI F	1	☐ DELETE	6.1 TI	ILE	- 1	1			change		

CITY-ST-ZIP exemption stated in Section 119.0.7(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an ute this report as refuired by Chapter 607, Florida Statutes; and tha my name appears in 14. I herety certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate and that officer or director of the carporation or the receiver on trustee empowered to execute this reindicated on this annual report officer or director of the corpora Block | 2 or Block 13 if change er like em . with

6 3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS