

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

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May 09 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004320 (7)**

1. Corporation Name
MM PROJECT II CORPORATION

Principal Place of Business % MIDLAND BANK PLC. NEW YORK BRANCH 140 BROADWAY NEW YORK NY 10005-1185	Mailing Address % MIDLAND BANK PLC. NEW YORK BRANCH 140 BROADWAY, ATTN: LEGAL DEPARTMENT NEW YORK NY 10005-1101
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3. Date Incorporated or Qualified 08/19/1994	3a. Date of Last Report 02/12/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 13-3676077 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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

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	PD PETERSON, RICHARD A 140 BROADWAY NEW YORK NY 10005 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SENIOR VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	JEANNETTE N. RIDER
STREET ADDRESS		1.3 STREET ADDRESS	140 BROADWAY
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	VD RAIMONDO, DANIEL J 140 BROADWAY NEW YORK NY 10005 <input type="checkbox"/> DELETE	2.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JOHN F. ROOT
STREET ADDRESS		2.3 STREET ADDRESS	140 BROADWAY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	SD CANDIDO, LARRY S 140 BROADWAY NEW YORK NY 10005 <input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	GREGORY KINSEY
STREET ADDRESS		3.3 STREET ADDRESS	140 BROADWAY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	C BURKHARD, LISA 140 BROADWAY NEW YORK NY <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	D DOUNN, LONNIE 140 BROADWAY NEW YORK NY 10005 <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	V MASEK, GEORGE W 140 BROADWAY NEW YORK NY 10005 <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:

LARRY S. CANDIDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SECRETARY AND DIRECTOR

4/29/96 (212)825-9237

Daytime Phone #

0004740

CR2E034 (9/96)