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Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H09207** **(2)**

1. Corporation Name
LMM CORP.

Principal Place of Business	Mailing Address
16345 W. DIXIE HIGHWAY SUITE 402 NO. MIAMI BEACH FL 33160	16345 W. DIXIE HIGHWAY SUITE 402 NO. MIAMI BEACH FL 33160-3708

3. Date Incorporated or Qualified: 06/22/1984
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business
21: 6501 Park of Commerce Blvd.
Suite, Apt. #, etc.
22: #230
City & State
23: Boca Raton FL
Zip
24: 33487
Country
25: Palm Beach

2a. Mailing Address
26: SAME
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 59-2425613 ☐ 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

9. Name and Address of Current Registered Agent

COLBY, MORTON
16345 W. DIXIE HIGHWAY
SUITE 402
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 6501 Park of Commerce Blvd.
83: #230
84 City: Boca Raton FL 85 Zip Code: 33487

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: [illegible] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	COLBY, MADELEINE		1.2 NAME	
STREET ADDRESS	16345 W DIXIE HWY #402		1.3 STREET ADDRESS	6501 Park of Commerce Blvd. #230
CITY-ST-ZIP	N. MIAMI BCH. FL		1.4 CITY-ST-ZIP	Boca Raton, FL. 33487
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	COLBY, HELEN		2.2 NAME	
STREET ADDRESS	16345 W DIXIE HWY #402		2.3 STREET ADDRESS	6501 Park of Commerce Blvd. #230
CITY-ST-ZIP	N. MIAMI BCH. FL		2.4 CITY-ST-ZIP	Boca Raton, FL. 33487
TITLE	S	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	COLBY, MORTON		3.2 NAME	
STREET ADDRESS	16345 W DIXIE HWY #402		3.3 STREET ADDRESS	6501 Park of Commerce Blvd. #230
CITY-ST-ZIP	N MIAMI BCH FL		3.4 CITY-ST-ZIP	Boca Raton, FL. 33487
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Morton Colby 1-15-97 561 995-7160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0217917