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Apr 16 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 # H46803 (3)

1. Corporation Name
MMJ RESTAURANTS, INC.



Principal Place of Business
888 EAST LAS OLAS BLVD.
SUITE 220-B
FT. LAUDERDALE FL 33301

Mailing Address
888 EAST LAS OLAS BLVD.
SUITE 220-B
FT. LAUDERDALE FL 33301-2238

3. Date Incorporated or Qualified 03/12/1985
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 3475 Sheridan St
Suite/Apt. #, etc. 315
22 City & State Hollywood FL
Zip 33021 Country USA
23 24 25 26 27 28 29 30
2a. Mailing Address
26 3475 Sheridan St
Suite/Apt. #, etc. 315
27 City & State Hollywood FL
Zip FL 33021 Country USA

4. FEI Number 06-1149567
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
RICHTER, MARY ANNE
888 E. LAS OLAS BLVD.
SUITE 220B
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
81 Name MARK Militello
82 Street Address (P.O. Box Number is Not Acceptable) 3475 SHERIDAN ST.
83 STE 315
84 City Hollywood FL 85 Zip Code 33021

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 607.0509, Florida Statutes.

SIGNATURE *[Signature]* MARK Militello, Vice President 4/9/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME MILITELLO, MARK
STREET ADDRESS 3145 ESTATES DR.
CITY-ST-ZIP POMPANO BEACH FL 33069
TITLE TD
NAME RICHTER, MARY ANNE
STREET ADDRESS 2101 S. OCEAN LANE #909
CITY-ST-ZIP FT. LAUDERDALE FL 33318
TITLE SD
NAME DIMARCO, JOHN
STREET ADDRESS 2595 BIRGHTON HENRIETTA
CITY-ST-ZIP ROCHESTER NY 14623
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE VICE PRESIDENT/SECRETARY ☒ Change ☐ Addition
1.2 NAME Militello, MARK
1.3 STREET ADDRESS 3475 SHERIDAN ST., STE 315
1.4 CITY-ST-ZIP Hollywood FL 33021
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE PRESIDENT ☒ Change ☐ Addition
3.2 NAME DIMARCO, JOHN
3.3 STREET ADDRESS 3475 SHERIDAN ST STE 315
3.4 CITY-ST-ZIP Hollywood FL 33021
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: *[Signature]* MARK Militello 4/9/97 954-894-1991
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)