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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H56284

(3)

M & M BUILDERS, INC.

Principal Flace of Business Mailing Address									1001#11 0101 01410 01414 1 188 1 10141 #18	BING DIRECTOR	H DHEH HIDII	(1)\$() () ()
486 W HWY 434 SUITE 120 LONGWOOD FL 32750 US				1400 W FAIRBANKS AVE SUITE 203								
				WINTER PARK FL 32789-4880 US					3. Date incorporated or Qualified	3a. Date	of Last Re	eport
									05/06/1985 08/02/1996			
2. Principal Fila	ace of Business	2a.	2a. Mailing Address					4. FEI Number			plied For	
21				26					59-2535420 Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			
City & State	}	h	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Žip	Country			Zip Cou			ntry 8. This corporat			has liability for intangible tax under s. 199.032,		
24	25		29		30					Yes 🔲		
	9. Name and Add	dress of Curren	t Regist	ered Agent		4			10. Name and Address of New Re	gistered A	ent	
MAN	ISCALCO, DOUGL	AS				81	Name					
1400 W FAIRBANKS AVE SUITE 203 WINTER PARK FL 32789						82	Street	Addre	ss (P.O. Box Number is Not Acceptable)			
						83						
						84	City			FL	'	Code
11. Pursuant t office or re agent I ar	to the provisions of S egistered agent, or b in familiar with, and	ections 607.050 toth, in the State obligation	2 and 60 of Florid ations of	17.1508, Florida Sta la. Such change w Section 607.0505	atutes, the as authori Ftorida S	above ed by latute	e-named the corps.	l corpo poratio	ration submits this statement for the on's board of directors. I hereby acce	pt the appo	nıment as	registered
SIGNATURE	Signature: typical or pyrillion i		int and title i	.,			ant signature	e required	d when reinstating)		0-91	
12.		OFFICERS AN	D DIREC	TORS	13				ADDITIONS/CHANGES TO OFFI		Change	Addition
TITLE	PD			☐ DELETE		TITLE				,	Charigo	L. Auditon
NAME	MULLIS, O.J.	OC DD				NAME	***********					ļ
STREET ADDRESS	1493 NORTHRID	UE UN.					ADDRESS					
CITY-SI-7IP	LONGWOOD FL			DELETE		CITY-S	51 - ZIP	 			Change	Addition
TITLE				Land December		NAME						
NAME OXOCCY ADDRODG							ADDRESS					
STREET ADDRESS						4 CITY-						Ì
CITY+S1-ZIP TITLE				DELETE		TITLE	<u> </u>	1			Change	Addition
NAME				_	3.3	2 NAME						
STREET ADDRESS							ADDRESS					
CHY-ST-ZIP					3.	1. CITY-	\$T-74P	}				
TITLE				☐ DELETE		TITLE		1			Change	Addition
NAME					4.	2 NAME						İ
STREET ADDRESS					4.	3 STREE	T ADDRESS	1				
CITY - ST-ZIP					4.	4 CITY-	ST-ZIP					
TITLE				☐ DELETE	5.	1 TITLE					Change	Addition
NAME					5.	2 NAME						
STREET ADDRESS					5	3 STREE	t address					
CHTY-ST-ZIP					5.	4 CITY-	ST-ZIP					
THLE				☐ DELETE	6	1 TITLE					Change	Addition
NAME					6	2 NAME		1				
STREET ADDRESS					6.	3 STREE	1 address					
CITY - S1 - ZIP						4 CITY-						
14. I do herel	by certify that the information indicated on this s	ormation supplic	ed with th	nis filing does not d	juality for I	ne ex	emption :urate an	stated id that	in Section 119.07(3)(i), Florida Statut my signature shall have the same lec	es. I tufther Ial effect as	ceruiy that if made ur	ruie nder oath: that