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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H97898 (1)

FILED Feb 17 1998 8:00am Secretary of State

M & M	MASONRY, INC.	. ,			1. 1
Principal Plac	e of Business	Mailing Address			JIBIK BIBK BIBK BIBIK \$1811 1841
10123 S.W. S1ST STREET COOPER CITY FL 33328 10123 S.W. S1ST STREET COOPER CITY FL 33328				DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
A Delegate of D	and During	1 4 44 4 44 4		02/06/1986	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# Alc	Suite, Apt. #, etc.		59-2648206	Not Applicable
22	., 010.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29 3	0	Personal Property Tax due June 30.	☐ Yes ☐ No
	g, Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
	RMAN, MARYANN		81 Name		
10123 S.W. 51ST STREET			82 Street Ad	idress (P.O. Box Number is Not Acceptable)	
COOPER CITY FL 33328					
			83		
			84 City		85 Zip Code
					▝▙▕▕
agent. I a	egistered agent, or b oth, in the State m familiar with, and accept the oblig	iz and 607.1508, Florida statutes → of Florida. Such change was autiliations of, Section 607.0505, Floridations	, the above-riamed co horized by the corpor da Statules.	proration submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature, typiod or printed name of registered age	ent and title if applicable. (NOTE f	Rogistered Agent signature req	puired when reinstalling) DAT	<u></u>
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PVD	DELETE	1.1 THILE	D	Change Addition
NAME	GERMAN, MICKEY S.		1.2 NAME	ERMAN, MICKEY S.	
STREET ADDRESS	10123 S.W. 51ST STREET		1.5 STREET ADDINGS	0123 5W 51St	
CITY-ST-ZIP	COOPER CITY FL			oper city FL	
TITLE	STD	DELETE	2.1 TITLE V	ISTD	Change Addition
NAME	GERMAN, MARYANN		2.2 NAME G	ERMAN, MAKYAWO 0123 SW 51 ST	
-STREET ADDRESS	10123 S.W. 51ST STREET		2.3 STREET ADDRESS	0123 566151	
CITY-ST-ZIP	COOPER CITY FL			OUPER CITY, FL	
TITLE		DELETE	3.1 TITLE		Change L Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Decemb	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME OTOSST ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		C) DELETE			LT CHAINGE LT MODITION
			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		_ otten	6.2 NAME		C Change C MODITOR
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	artifuthat the information a mailed up	21 41 5 425	6.4 CITY-ST-7IP	0	

I 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in