

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J46967 (2)
1. Corporation Name
M & M INVESTMENT GROUP, INC.



Principal Place of Business Mailing Address
% PAT L. MANGONON
8 BARBARA COURT
SATELLITE BCH FL 32937
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/15/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2756513	
24 Country		30 Country		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 owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANGONON, PAT L.
8 BARBARA COURT
SATELLITE BEACH FL 32937

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	VPD	DELETE	1.1 TITLE	Change	Addition
NAME	SANTIAGO, EDUARDO L.		1.2 NAME		
STREET ADDRESS	719 HWY 43, BY PASS N.E., STE. G		1.3 STREET ADDRESS		
CITY-ST-ZIP	RUSSELLVILLE AL		1.4 CITY-ST-ZIP		
TITLE	PD	DELETE	2.1 TITLE	Change	Addition
NAME	MANGONON, VIRGILIO A.		2.2 NAME		
STREET ADDRESS	240 BRIGHTON AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	STATEN ISLAND NY		2.4 CITY-ST-ZIP		
TITLE	STD	DELETE	3.1 TITLE	Change	Addition
NAME	MANGONON, PAT L		3.2 NAME		
STREET ADDRESS	8 BARBARA CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH FL		3.4 CITY-ST-ZIP		
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		

14. 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 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

Pat L. Mangonon

04/17/98

(199) 777-1931

CR2E034 (10/97)