SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J70218

(9)

MMW INVESTMENTS, INC.

FILED Sep 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 915 OSPREY DR. 915 OSPREY DR. MELBOURNE FL 32940 MELBOURNE FL 32940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/30/1987 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 105 AMSTER GREEN DR 21 59-2804530 Not Applicable Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Yes Yes □ No Personal Property Tax due June 30. 24 25 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GRALLA, MAURICE B. Name 45 SOUTH ATLANTIC AVE. 82 Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH FL 32931 83 84 City Zip Code 11. Pursuant to the provisions of Socions 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 it applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 DELETÉ Change Addition TITLE 1.1 TITLE WICKLUND, MARY M. 1.2 NAME NAME 915 OSPREY DR. STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE WICKLUND, JOHN V. III 2.2 NAME NAME 705 AMSTER GREEN DR STREET ADDRESS 2.3 STREET ADDRESS **DUNWOODY GA** 2. 4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 1(TLE SULLIVAN, WILLIAM A. 3.2 NAME NAME 303 HOMESTEAD LANE STREET ADDRESS 3.3 STREET ADDRESS TRAVERSE CITY MI CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 ÇITY - ST - ZIP DELFTE Change Addition TITLE 6.1 TATLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 supplomental 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 12 or Block 12 or Block 13 if changed, or on an attachment with an addition. 7/21/07