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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J98828

(3)

K M M ASSOCIATES, INC.

FILED Apr 01 1997 8:00am Secretary of State

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Principal Place of Business ** GARY M. NOLAN. JR. 1961 S. FEDERAL HIGHWAY STUART FL 34994		1501 DECKER AVE #314	#314 Stuart FL 34994-3984			3. Date Incorporated or Qualified 10/23/1987 3a. Date of Last Report 03/08/1996			
2. Principal Fi	lace of Business	2a. Mailing Addres	S			4. FEI Number	<u> </u>		Applied For
21		26				65-0032822			Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, e	tc.					\$8.75	Additional
22		27				5. Certificate of Status Desired			Required
City & State	3	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Co	ountry		8. This corporation has liability for i	ntangible t	ax under	s. 199.032,
24	25	29	30				Yes [
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re-	gistered A	gent	
1961	AN, GARY M., JR. I S. FEDERAL HIGHWAY ART FL 34994			81	Name Street Add	ress (P.O. Box Number is Not Acceptab	ole)	······································	
				83					
				84	City		·········	85 Zir	Code
				1	J.,		FL	-	
			e was authoriz 505, Florida St						
SIGNATURE	Signature, typed or printed name of registore OFFICERS	. d agent and title if applicable AND DIRECTORS	(NOTE Registe	red Age	nl signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	DRS IN 12
SIGNATURE	OFFICERS	d agent and title it applicable	(NOTE Registe	red Age	ni signature requ		ERS AND	DIRECTO	
SIGNATURE	OFFICERS D NOLAN, GARY M., JR.	o agent and title if applicable AND DIRECTORS DELE	(NOTE: Registe	red Age	ni signature requ		ERS AND		
SIGNATURE 12. TITLE	OFFICERS D Nolan, Gary M., Jr. 4769 S.E. Manatee Ter r.	o agent and title if applicable AND DIRECTORS DELE	(NOTE. Registe 13 TE 1.1 1.2	red Age L TITLE NAME		ADDITIONS/CHANGES TO OFFIC	ERS AND		
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- 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:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

891-9409