


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

0347

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90007 048 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K20850					
1. Corporation Name 4-M ENTERPRISES, INC.					
Principal Place of Business 721 VILLA PORTOFINO CIRCLE 721 N. POWERLINE RD. DEERFIELD BEACH FL 33442 US			Mailing Address 721 VILLA PORTOFINO CIRCLE 721 N. POWERLINE RD. DEERFIELD FL 33442 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1988	
21		26		4. FEI Number 65-0043308	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent MURPHY, PATRICIA M. 721 VILLA PORTOFINO CIRCLE DEERFIELD FL 33442			10. Name and Address of New Registered Agent		
			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	FL 85 Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, DENNIS M.		1.2 NAME		
STREET ADDRESS	721 VILLA PORTOFINO CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		1.4 CITY-ST-ZIP		
TITLE	DPS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, PATRICIA M.		2.2 NAME		
STREET ADDRESS	721 VILLA PORTOFINO CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, DENNIS M., JR.		3.2 NAME		
STREET ADDRESS	721 VILLA PORTOFINO CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		3.4 CITY-ST-ZIP		
TITLE	DVT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, TIMOTHY M.		4.2 NAME		
STREET ADDRESS	721 VILLA PORTOFINO CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Patricia M. Murphy **PATRICIA M. MURPHY** 3/18/99 954-428-2490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E034 (1/98)