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

Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** (1)K57687 M & M MOTORCARS, INC. Principal Place of Business Mailing Address 15605 PINE RIDGE RD 15605 PINE RIDGE RD FT. MYERS FL 33908 FT. MYERS FL 33908 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 01/09/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0100812 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 26 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARTIN, DANIELLE J 5306 NAUTILUS DR 82 Street Address (P.O. Box Number is Not Acceptable) CAPR CORAL FL 33904 83 84 City 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 Signature, typed or printed name of legistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change NAME MARTIN, DOUGLAS 1.2 NAME 5306 NAUTILUS DR STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 1.4 CITY-ST-21P DELETE Addition TITLE 2.1 TITLE MARTIN, DANIELLE J NAME 2.2 NAME 5306 NAUTILUS DR STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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, 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 chapted or by any state of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the receiv

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