

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAR -8 PM 3:36****DOCUMENT # K63068 (6)****1. Corporation Name
M.M.R.I., INC.****Principal Place of Business
% DAVID M. POMERANCE
P O BOX 952518
LAKE MARY FL 32795-9518****Mailing Address
% DAVID M. POMERANCE
P O BOX 952518
LAKE MARY FL 32795-9518**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified
02/03/1989****3a. Date of Last Report
02/14/1994****2. Principal Place of Business****2a. Mailing Address****21 Suite, Apt. #, etc.****2b Suite, Apt. #, etc.****22 City & State****27 City & State****23 Zip Country****28 Zip Country****24****29****25****30****4. FEI Number
65-0100345****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 has liability for intangible tax under S. 199.032,
Florida Statutes** ☒ **Yes** ☐ **No****9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent****POMERANCE, DAVID M.
2421 SE BAHIA WAY
STUART FL 34996****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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS**TITLE D
NAME POMERANCE, DAVID M.
STREET ADDRESS 2421 SE BAHIA WAY
CITY-ST-ZIP STUART FL****TITLE P
NAME POMERANCE, DAVID M
STREET ADDRESS 2421 S.E. BAHIA WAY
CITY-ST-ZIP STUART FL****TITLE ST
NAME POMERANCE, MICHAEL A
STREET ADDRESS 2843 S.W. BRIGHTON WAY
CITY-ST-ZIP PALM CITY FL****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****1.1 TITLE** ☐ **Change** ☐ **Addition****1.2 NAME****1.3 STREET ADDRESS****1.4 CITY-ST-ZIP****2.1 TITLE** ☐ **Change** ☐ **Addition****2.2 NAME****2.3 STREET ADDRESS****2.4 CITY-ST-ZIP****3.1 TITLE** ☐ **Change** ☐ **Addition****3.2 NAME****3.3 STREET ADDRESS****3.4 CITY-ST-ZIP****4.1 TITLE** ☐ **Change** ☐ **Addition****4.2 NAME****4.3 STREET ADDRESS****4.4 CITY-ST-ZIP****5.1 TITLE** ☐ **Change** ☐ **Addition****5.2 NAME****5.3 STREET ADDRESS****5.4 CITY-ST-ZIP****6.1 TITLE** ☐ **Change** ☐ **Addition****6.2 NAME****6.3 STREET ADDRESS****6.4 CITY-ST-ZIP****14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/94**402-225-4170**