

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L30040** (4)
1. Corporation Name
MPM INVESTORS, INC.

Principal Place of Business % W. MARTIN STAUDENMAIER 8143 GRANADA BLVD ORLANDO FL 32836-2319	Mailing Address % W. MARTIN STAUDENMAIER 8129 GRANADA BLVD ORLANDO FL 32836-5319 US
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2. Principal Place of Business 21 c/o W. Martin Staudenmaier Suite, Apt. #, etc. 22 6020 Winegard. Rd. City & State 23 Orlando, FL Zip 24 32809	2a. Mailing Address 26 c/o W. Martin Staudenmaier Suite, Apt. #, etc. 27 1702 Grace Ct. City & State 28 Smyrna, GA Zip 29 30082	Country 25 Orange	Country 30 ORANGE
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3. Date Incorporated or Qualified 11/14/1989	3a. Date of Last Report 04/25/1996
4. FEI Number 59-2977569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STAUDENMAIER, W. MARTIN
8143 GRANADA BLVD
ORLANDO FL 32836**

10. Name and Address of New Registered Agent 81 Name W. Martin Staudenmaier 82 Street Address (P.O. Box Number Is Not Acceptable) 1702 Grace Court 8129 Granada Blvd 83 84 City Smyrna, GA Orlando FL 85 Zip Code 30082
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE W. Martin Staudenmaier **W. MARTIN STAUDENMAIER** **4-3-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	BAKSH, MUSTAPHA K.	
STREET ADDRESS	8129 GRANADA BLVD	
CITY - ST - ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STAUDENMAIER, W. MARTIN	
STREET ADDRESS	8143 GRANADA BLVD	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Staudenmaier, W. Martin	
2.3 STREET ADDRESS	1702 Grace Court, Smyrna, GA 30082	
2.4 CITY - ST - ZIP	8129 Granada Blvd, Orlando, FL 32836	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: M. Baksh **M. BAKSH** **4/4/97** **(407) 352-5857**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)