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

**PROFIT CORPORATION ANNUAL REPORT 1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 08 1997 8:00am**
**Secretary of State**

DOCUMENT # **L66462**    (7)

1. Corporation Name

**M.M.E. ENTERPRISES, INC.**

Principal Place of Business
~~1505 S.E. 10TH ST.~~ 1417 SE 47th St.
CAPE CORAL FL 33904

Mailing Address
~~1505 S.E. 10TH ST.~~ 1417 SE 47th St.
CAPE CORAL FL 33904-7913

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 04/17/1990 | 05/01/1996 |

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-3015676 | Applied For / Not Applicable |
|---|---|---|---|
| 21 | 26 | | |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No |

**9. Name and Address of Current Registered Agent**

~~FISHER, LEIGH M.~~
~~1505 S.E. 10TH ST.~~
~~CAPE CORAL FL 33904~~

Mary Margaret Embroli
President
1913 SW 10th Terr.
Cape Coral, Fl 33991

**10. Name and Address of New Registered Agent**

81 Name Mary Margaret Embroli
82 Street Address (P.O. Box Number is Not Acceptable) 1913 SW 10th Terr.
84 City Cape Coral    FL 85 Zip Code 33991

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: *M.M. Embroli*    DATE 4-2-97
Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **PVS** ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME **EMBROLI, MARY MARGARET** | 1.2 NAME | |
| STREET ADDRESS ~~811 S.W. 57TH STREET~~ 1913 SW 10th Terr | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP **CAPE CORAL FL 33991** | 1.4 CITY-ST-ZIP | |
| TITLE **TD** ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME **EMBROLI, MARY MARGARET** | 2.2 NAME | |
| STREET ADDRESS ~~811 S.W. 57TH STREET~~ 1913 SW 10th Terr | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP **CAPE CORAL FL 33991** | 2.4 CITY-ST-ZIP | |
| TITLE ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | 3.2 NAME | |
| STREET ADDRESS | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | 3.4 CITY-ST-ZIP | |
| TITLE ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | 4.2 NAME | |
| STREET ADDRESS | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP | |
| TITLE ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | 5.2 NAME | |
| STREET ADDRESS | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP | |
| TITLE ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | 6.2 NAME | |
| STREET ADDRESS | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | 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: X *M.M. Embroli, Pres.*    Date 4/1/97    Daytime Phone # 941-945-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
*Mary Margaret Embroli*

CR2E034 (9/96)