

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L91469** (1)

1. Corporation Name

M & M FIRST COAST REALTY CORPORATION



Principal Place of Business

**49 SHORES BLVD.
ST AUGUSTINE FL 32086**

Mailing Address

**49 SHORES BLVD.
ST AUGUSTINE FL 32086**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**VOSE, GRETCHEN R.H.
2705 W. FAIRBANKS AVENUE
WINTER PARK FL 32789**

3. Date Incorporated or Qualified

08/06/1990

3a. Date of Last Report

03/14/1995

4. FEI Number

59-3033044

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

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

Signature typed or printed name of registered agent and block applicable.

(NOTE: Registered Agent signature required when block 10 is filled.)

Date

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MUYRES, MARCELLUS HB	
STREET ADDRESS	RODE DREEF 53	
CITY - ST - ZIP	2970 SCHILDE BELGIUM	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	ZWAANS CORNELIS L.J.J.	
STREET ADDRESS	6 LITTLE MEADOW	
CITY - ST - ZIP	CANTERBURY GB CT2 9BD	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MAGUIRE, JOHN W	
STREET ADDRESS	245 MARCHSIDE DR.	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VOSE, G.R.	
STREET ADDRESS	2705 W. FAIRBANKS AVE.	
CITY - ST - ZIP	WINTER PARK FL	
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

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	President
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96
Date

904.797-9000
Domestic Phone #

CR2E034 (12/95)