

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

APPROVED
AND
FILED

95 MAY -1 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M90298

(4)

1. Corporation Name

M. & M.C. ASSOCIATES, INC.

Principal Place of Business

1061 N.E. 28TH TERRACE
POMPANO BEACH FL 33062

Mailing Address

1061 N.E. 28TH TERRACE
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1988

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0061032

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

RATTE, MICHEL
1061 N.E. 28TH TERRACE
POMPANO BEACH FL 33062

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 fee if applicable)

(Signature, typed or printed name of registered agent and fee if applicable)

GATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	RATTE, MICHEL	1.2 NAME	
STREET ADDRESS	1061 N.E. 28TH TERRACE	1.3 STREET ADDRESS	
CITY, ST, ZIP	POMPANO BEACH FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	RATTE, MARLEYNE	2.2 NAME	
STREET ADDRESS	1061 NE 28TH TERR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	POMPANO BCH. FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee or appears in Block 12 or Block 13 changed, or on an attachment with an address

and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that my signature shall have the same legal effect as if made under power to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

943-1198
2795 (305)