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 # **P07094** **(6)**

1. Corporation Name

M M I ENTERPRISES, INC.

Principal Place of Business
130 LINCOLN AVE
P.O. BOX 53
CHARLEROI PA 15022

Mailing Address
130 LINCOLN AVE
P.O. BOX 53
CHARLEROI PA 15022

3. Date Incorporation or Qualified: **08/14/1985**
3a. Date of Last Report: **04/14/1995**

4. FEI Number: **25-1499142** [ ] Applied For [ ] Not Applicable

5. Check if Stock Is Closely Held [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. The corporation has liquid, heavy metal, or hazardous waste under s. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

MCGINLEY, JOHN M.
742 MANDALAY AVENUE
CLEARWATER FL 34630

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 Section [illegible] 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. The corporation submits the following statement to the effect that it is familiar with and accepts the obligations of Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] Delete
NAME	MCGINLEY, ELIZABETH	
STREET ADDRESS	742 MANDALAY AVENUE	
CITY-ST-ZIP	CLEARWATER BEACH FL 34630	
TITLE	VSD	[ ] Delete
NAME	MCGINLEY, JOHN M	
STREET ADDRESS	742 MANDALAY AVENUE	
CITY-ST-ZIP	CLEARWATER BEACH FL 34630	
TITLE	STD	[ ] Delete
NAME	MCGINLEY, JACK	
STREET ADDRESS	1413 CLEARVIEW DRIVE	
CITY-ST-ZIP	GREENSBURG PA	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 added, above.

SIGNATURE: [illegible] 4-15-96 800-624-6826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

CR2E034 (12/95)