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

May 06 1997 8:00am

Secretary of State

DOCUMENT # P07094

(6)

M M I ENTERPRISES, INC.

*********		020, 1110.							 			BIBILING
Principal Plac	e of Busines		Mailing	Address		·		·····				
130 LINCOLN AVE P.O. BOX 53			130 LIN	130 LINCOLN AVE P.O. BOX 53					•			
CHARLEROI PA 15022 CHARLEROI PA 15022-0053												
									3. Date Incorporated or Qualified 08/14/1985	1	te of Last F 2/1996	Report
2. Principal P	lace of Bush	26. Mai	26. Mailing Address					4. FEI Number Applied For				
21	# -1-	26						25-1499142 Not Applicable				
Suite, Apt.	₩, ΘIC.	├ ─┐	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & State	e		City & State					6. Election Campaign Financing				
23		·	28					Trust Fund Contribution			May Be to Fees	
Zip	Zip Country			Zip Cpuntry				8. This corporation has liability for it	ntangible t			
24		25	29		30	·] No	
		and Address of Curre	nt Registered	d Agent			r- -		10. Name and Address of New Reg	gistered A	.gent	
	SINLEY, JO					81	Name	!				
	MANDALA'					Street	Addres	ess (P.O. Box Number is Not Acceptable)				
CLE	ARWATER	FL 34630				83						
						65						
						84	City			FL	85 Zip	Code .
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agont, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.						above	o-named	d corpo	ration submits this statement for the pi	urpose of	changing i	ts registered
onice or r agent. I a	registered ag ım familiar wi	ith, and accept the Stati	e of Florida. S gations of, Sec	uch change was stion 607.0505, Fl	authori: orida S	zed by fatules	the cor s.	rporatio	n's board of directors. I hereby accep	t the appo	intment as	registered
SIGNATURE												
	Signature, typed	or printed name of registered as					ni signatur	e requied	when reinstaling)	DATE		
12.	PD	OFFICERS AN	ID DIRECTOR	RS DELETE					ADDITIONS/CHANGES TO OFFIC			
NAME		Y, ELIZABETH		_			1.1 TITLE 1.2 NAME			1	Change	L_ Addition
STREET ADDRESS	THE RESERVE AND ADDRESS OF THE PERSON OF THE						1.3 STREET ADDRESS					
CITY-ST-ZIP	ALEXBUILTED BELOUE PLACE			\0			1.4 CITY-ST-ZIP					
TITLE	VSD			DELETE		i tale	1-711				Change	Addition
NAME		Y, JOHN M				NAME						
STREET ADDRESS		DALAY AVENUE					ADDRESS					
CITY-ST-ZIP	CLEARW	ATER BEACH FL 346	30		2.	4 CITY - S	ST- <i>7</i> IP			,		
TITLE	STD			☐ DELETE	3.1	TITLE		1			Change	Addition
NAME	MCGINLE				3.2	NAME						
STREET ADDRESS		ARVIEW DRIVE		3.3 STRE			ADORESS				•	
CITY-ST-ZIP	GREENSE	BURG PA					3.4 CITY-ST-ZIP					
TITLE				☐ DELETE		TATLE				l	☐ Change	Addition
NAME						2 NAME						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE				☐ DELE1E		CITY-S	i - ZIP	 		<u> </u>	Change	Addition
NAME				Dittie		NAME				ı	Change	L_1 ROUNDE
STREET ADDRESS				5.3 STREET ADDRESS								
CITY-ST-ZIP						CITY-S						
TITLE				DELETE		TITLE		†		1	Change	Addition
NAME						NAME				•		
STREET ADDRESS							ADDRESS					
					1			1				

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 eath; that I am an officer or director of the sorporation 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.