FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P07094 (6)M M I ENTERPRISES, INC. Principal Place of Business Mailing Address 130 LINCOLN AVE 130 LINCOLN AVE P.O. BOX 53 CHARLEROI PA 15022 P.O. BOX 53 **CHARLEROI PA 15022** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1985 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 25-1499142 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 Country Zip 8. This corporation owes or has paid the current year Intangible Country Personal Property Tax due June 30. Yes 30 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name MCGINLEY, JOHN M. 742 MANDALAY AVENUE Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34830** 

## **FILED** May 13 1998 8:00am Secretary of State



Applied For

800-624-6826

4-3098

Not Applicable

		<b>}</b>	84	City			85 Z	ip Cod	de
				o.i.y		FL			
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, lyond or context hand of required and titled applicable (NOTE Registered Agent signature required when reinstating)  DATE									
	Signature, typed or printed name of registeri d apect and title if applicable OFFICERS AND DIRECTORS	(NOTE REDISTRIED	d Agerit		S/CHANGES TO OFFICE		DIDECT	OPS	N 12
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	MCGINLEY, ELIZABETH					•			
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CITY-ST-ZIP			ITY-ST-						
44 I boroby o	ertify that the information supplied with this filing does no	ot qualify for the exe	emptio	on stated in Section 119.07	(3)(i), Florida Statutes. I f	urther cer	tify that	the in	formation
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.									