

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 06 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P93000004758 (7)

1. Corporation Name
MMJ RESTAURANTS II, INC.



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|---|---|
| Principal Place of Business 3475 SHERIDAN STREET STE #315 HOLLYWOOD FL 33021 US | Mailing Address 3475 SHERIDAN STREET STE #315 HOLLYWOOD FL 33021 US |
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DO NOT WRITE IN THIS SPACE

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|--|--|---|--|---|--|---|---|--|
| 2. Principal Place of Business 21 1032 EAST LAS OLAS BLVD Suite, Apt. #, etc. 22 City & State 23 FT. LAUDERDALE, FL Zip Country 24 33301 25 US | | 2a. Mailing Address 26 1032 EAST LAS OLAS BLVD Suite, Apt. #, etc. 27 City & State 28 FT. LAUDERDALE, FL Zip Country 29 33301 30 US | | 3. Date Incorporated or Qualified 01/21/1993 | 4. FEI Number 65-0387559 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|---|--|---|--|---|---|--|

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| 9. Name and Address of Current Registered Agent MILITELLO, MARK 3475 SHERIDAN STREET STE #315 HOLLYWOOD FL 33021 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1032 East Las Olas Blvd 83 84 City FT LAUDERDALE FL 85 Zip Code 33301 | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|--|
| TITLE | VPS | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILITELLO, MARK | 1.2 NAME | |
| STREET ADDRESS | 3475 SHERIDAN STREET, #315 | 1.3 STREET ADDRESS | 1032 EAST LAS OLAS BLVD |
| CITY-ST-ZIP | HOLLYWOOD-FL | 1.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33301 |
| TITLE | P | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIMARCO, JOHN | 2.2 NAME | |
| STREET ADDRESS | 3475 SHERIDAN STREET, #315 | 2.3 STREET ADDRESS | 1032 EAST LAS OLAS BLVD |
| CITY-ST-ZIP | HOLLYWOOD-FL | 2.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33301 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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 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.

SIGNATURE:  3/28/98 954-463-1000

CR2E034 (10/97)