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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 26 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024763 (3)

M & M REAL ESTATE INC.						
					<u> </u>	1811)
Principal Plac	ce of Business	Mailing Address				
478 BALLAR		478 BALLARD DR				
SUITE 2 SUITE 2					DO MOT WEIT	- IN THE OR A C
MELBOURNE FL 32935 MELBOURNE FL 32935					3. Date Incorporated or Qualified	E IN THIS SPACE
US		US				
2. Principal F	Place of Business	2a. Mailing Address			03/31/1993 4. FEI Number	Applied For
21 26					59-3175898	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	28		0		Trust Fund Contribution	L. Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has pa	
24	25 9. Name and Address of Curre		30		Personal Property Tax due June 10. Name and Address of New Re	
		The state of the s	81	Name	10. 110.110	- Silvering Agont
	ALLERY, WILLARD C			01	(7.0. P	F(-)
478 BALLARD DRIVE SUITE 2			62	Street Ad	dress (P.O. Box Number is Not Accepta	bie)
, -	ELBOURNE FL 32935		83			
•	ELDOOMIL I L 32833			0:4		loc li 7 - O - do
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	32 and 607.1508, Florida Statute	s, the above	-named co	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered
agent. I a	registered agent, or both, in the state am fa miliar with, and accept the oblig	ations of, Section 607.0505, Flor	utnorized by rida Statutes	the corpor	ration's board of directors, I hereby acce	pt the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered ap	ent and title if applicable. (NOTE: ND DIRECTORS		nt signature rec	quired when reinstating)	DATE
12.	P\$	DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change
NAME	MALLERY, WILLARD C		1.2 NAME			_ onerige
STREET ADDRESS	3100 S COUNTRY CLUB RD	i	1.3 STREET	AODRESS		
CITY-ST-ZIP	MELBOURNE FL 32901	_	1.4 CITY- ST			
TITLE	.WRI-	DELETE	2.1 TITLE			Change Addition
NAME	MENCES EVELYNOM		2.2 NAME		n	
STREET ADDRESS	180 GVERGOK DR		2.3 STREET	ADDRESS	OBLET	
CITY-ST-ZIP	WINTER HAVEN FL 33884		2. 4 CITY - S	T-ZIP		
TITLE VA	SARA L. MAL	CECH DECETE	3.1 TITLE			Change Addition
NAME	7.7	AT CUB RO	3.2 NAME			
STREET ADDRESS	1	17 2000 120	3.3 STREET	ADDRESS		
CITY-ST-ZIP	145000000	F1 30901	3.4. CITY - S			
TITLE	VP.T	☐ DĒLETE	4.1 TITLE		V. P. T	☐ Change ☐ Addition
NAME	SARA L. MAG	CERCY	4. 2 NAME		The Park	THE PARTY CO.
STREET ADDRESS	2100 S. COUNTA		4.3 STREET		3,00	
CITY+ST-ZIP TITLE	MILBOURING	PL 33901	4.4 CiTY-SI 5.1 TITLE	- ZIP	TIOD S. LOW THEY MRADOVANE	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	NUDBEGG		
CITY-ST-ZIP			5.4 CITY - ST	l i		
TITLE		☐ DELETE	6.1 TITLE	- 211		☐ Change ☐ Addition
NAME		—	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
	i			I .		

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.