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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90245 009 ***158.75

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1. Corporation Name

M & M REAL ESTATE INC.

Principal Place of Business

478 BALLARD DR
SUITE 2
MELBOURNE FL 32935
US

Mailing Address

478 BALLARD DR
SUITE 2
MELBOURNE FL 32935
US

2. Principal Place of Business

21 M & M REAL ESTATE, INC.
Suite, Apt. No. 2851 N.E. PALM BAY RD.
22 PALM BAY FL 32905
23 City & State

2a. Mailing Address

26 M & M REAL ESTATE, INC.
Suite 2851 N.E. PALM BAY RD.
27 PALM BAY FL 32905
28 City & State

23

Zip Country

24 32905 BEAVER

28

Zip Country

29 32905 BEAVER

9. Name and Address of Current Registered Agent

MALLERY, WILLARD C
478 BALLARD DRIVE
SUITE 2
MELBOURNE FL 32935

M & M REAL ESTATE
2851 N.E. PALM BAY RD
PALM BAY FL 32905
(407) 733-6080
FAX (407) 733-6090

81 Name

82 WILLARD C. MALLERY
Street Address (P.O. Box Number is Not Acceptable)

83 M & M REAL ESTATE, INC.
2851 N.E. PALM BAY RD.
84 PALM BAY FL 32905 FL
85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME MALLERY, WILLARD C
STREET ADDRESS 3100 S COUNTRY CLUB RD
CITY-ST-ZIP MELBOURNE FL 32901

TITLE VPT ☐ DELETE

NAME MALLERY, SARA L
STREET ADDRESS 3100 S COUNTRY CLUB RD
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)