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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # **P93000025436 (5)**

## **FILED** Apr 29 1997 8:00am Secretary of State

Principal Place	MM, INC. e of Business ARD BLVD SUITE 1950 ADALE FL 33394	50	ailing Address O E. BROWARD BLVD., DRT LAUDERDALE FL 3		50					
						3. Date Incorporat 04/06/1993	ed or Qualified		te of Last R 15/1996	eport
2. Principal P	Place of Business	26.	Mailing Address			4. FEI Number	^		Ap	plied For
1		26			<del></del>	65-042947	<u>U</u>			t Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of St	atus Desired		\$8.75 / Fee Re	
City & State	е		City & State		<u> </u>	6. Election Campa	ion Financipo		\$5.00	
23		28				Trust Fund Cont	•			to Fees
Zip	Country		Zip	Cou	ntry	8. This corporation				. 199.032,
24	25	[29]		[30]		Florida Statutes  10. Name and Add		Yes [		·····
DΛ\	Name and Address of YLE, CONRAD J	Current Regis	tered Agent		81 Name	10. Name and Add	IGES OF NOW IN	edistelen i	Agent	
	E. BROWARD BLVD.			-						
	TE 1950				82 Street A	Address (P.O. Box Number	is Not Accepta	ıble)		
-	RT LAUDERDALE FL 3339	14		Ì	83					
,				}	84 City				85 Zip	Code
				Ì				FL	, 1 1	
office or r agent La	to the provisions of Sections registered agent, or both, in th am familiar with, and accept the	607.0502 and 6 he State of Floric he obligations of	07.1508, Florida Statu da. Such change was f, Section 607.0505, Fl	tes, the at authorized orida Stat	bove-named d by the corp lutes.	corporation submits this st poration's board of directors	atement for the s. I hereby acce	purpose or	ointment as	registered
SIGNATURE	Signature typus or printed name of reg		if applicable (NO			corporation submits this storation's board of directors required when reinstating)  ADDITIONS/CHA		DATE		
SIGNATURE	Signature: t <sub>ff</sub> to a pfinted name of reg OFFICI	stered agent and litte	if applicable (NO	IE: Registered	d Agent signature	required when reinstating)		DATE		
SIGNATURE	Signature typica a printed name of reg OFFICE D PERLIN, DAVID	istered agent and litte ERS AND DIREC	if applicable (NOTORS	TE: Registered	d Agent signature	required when reinstating)		DATE	DIRECTOR	IS IN 12
SIGNATURE 12. TILLE	OFFICE D PERLIN, DAVID 500 E. BROWARD BLV	istired agent and little ERS AND DIRECT  D., #1950	if applicable (NOTORS	13. 13. 1.1 TII	d Agent signature	required when reinstating)		DATE	DIRECTOR	IS IN 12
SIGNATURE  12. THE NAME STREET ADDRESS City-St-Zip	OFFICE D PERLIN, DAVID 500 E. BROWARD BLVI FT LAUDERDALE FL 33	istired agent and little ERS AND DIRECT  D., #1950	if esphicieble (NO) DTORS DELETE	12 NA 1.3 ST 1.4 CF	d Agent signature TLE AME TREET ADDRESS TY-ST-ZIP	required when reinstating)		DATE	DIRECTOR Change	IS IN 12
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SIGNATURE  12. THEF NAME STREET ADDRESS CITY-SE ZIP THEE NAME	OFFICE D PERLIN, DAVID 500 E. BROWARD BLVI FT LAUDERDALE FL 33 PST PERLIN, DAVID	estered agent and little ERS AND DIRECTORY D., #1950 3394	if esphicieble (NO) DTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII	TLE AME TREET ADDRESS TY-ST-ZIP TLE AME	required when reinstating)		DATE	DIRECTOR Change	IS IN 12
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