

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000026901 (7)

1. Corporation Name

M & M REBUILDERS, INC.



Principal Place of Business

Mailing Address

1717 S.W. 1ST WAY
#5
DEERFIELD BEACH FL 33064

1717 S.W. 1ST WAY
#5
DEERFIELD BEACH FL 33064

3. Date Incorporated or Qualified
04/09/1993

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 1717 S.W. 1st Way

26 1717 S.W. 1st Way

4. FEI Number
65-0404611

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 25

27 25

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 Deerfield Beach, FL

28 Deerfield Beach, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 33064

Country

Zip
29 33064

Country

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELKIN, MARK A
1717 S.W. 1ST WAY
#5
DEERFIELD BEACH FL 33064

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1717 S.W. 1st Way

83 25

84 City
Deerfield Beach, FL 85 Zip Code
33064

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 their appointive

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D
BELKIN, MARK A
STREET ADDRESS
1717 S.W. 1ST WAY, #5
CITY - ST - ZIP
DEERFIELD BEACH FL 33064

11 TITLE
VP
12 NAME
13 STREET ADDRESS
1717 S.W. 1st Way, #25
14 CITY - ST - ZIP
Deerfield Beach, FL 33064

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
P, D
22 NAME
Marilyn Belkin
23 STREET ADDRESS
1717 S.W. 1st Way, #25
24 CITY - ST - ZIP
Deerfield Beach, FL 33064

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Belkin

DATE

8-5-96

(954) 427-5757

Display Phone #

CR2E034 (3/96)