## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P93000072323 (7)

MMJ MANAGEMENT, INC.

Principal Place	of Business	М	Mailing Address				I	ÇDENE UDINI ADDI	J 17000 11111	J 11806 7111 (801
888 E LAS OLAS BLVD STE 220B FT LAUDERDALE FL 33301 US			888 E LAS OLAS BLVD STE 220B FT LAUDERDALE FL 33301							•····
			US				3. Date Incorporated or Qualified 10/19/1993	1	of Last Report 05/01/1995	
2. Principal Pla	ce of Business	2a 26	. Mailing Address				4. FEI Number			Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0445460			Additional
22 Salte, Apr. #, etc.			7				5. Certificate of Status Desired			Required
City & State			City & State				6. Election Campaign Financing		\$5.0	<b>0</b> May Be
23							Trust Fund Contribution			d to Fees
Zip	Country	7:11	Zip 1	Cou	ntry	•	8. This corporation has liability for Florida Statutes Yes	intangible ta No	under s	199.032,
24	25 9. Name and Address of Curren	29 It Regi	I	30	ſ		10. Name and Address of New F		aent	
	g. Name and Radiess of Carret		ottored rigott		81	Name			<u> </u>	
CONTED MADY ANNE					62	Ctroot Ada	ress (P.O. Box Number is Not Acceptable)			
RICHTER, MARY ANNE 888 E LAS OLAS BLVD						Street Aou	Diess (F.O. Dox Humber is Not Acceptate			
STE 220B										
	ERDALE FL 33301				84	City			85 Zi	p Code
			<b>,</b> ,		<u> </u>	]		<u> </u>		
or registere familiar with	ed agent, or both, in the State of Flori h, and accept the obligations of, Soct	da. Suc	ch change was authorize	ed by the d	corp A	oration's bo	oration submits this statement for the pu and of directors. I hereby accept the app we RiCHEA 4	iointment as	registered	agent. I am
SIGNATURE.	Signature, typystor printest name of registered agent	and the	it applicable. (NO:	TE Registeres	Age		ired when reinstating)	DATE		
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OF			
TITLE	P		DELETE	1 1 1			•	L	] Change	Addition
NAME	MILITELLO, MARK			1.2 N						
STREET ADDRESS	888 E LAS OLAS BLVD STE	220B				T ADDRESS				
CITY-ST-ZIP TITLE	FT LAUDERDALE FL VS		[] DELETE	2.11	_	ST-ZIP			Change	Addition
NAME	RICHTER, MARY ANNE			2.2 N	AME					
STREET ADDRESS	888 E LAS OLAS BLVD, STE	2208	1	2 3 S	TREE	T ADDRESS				
CITY - ST - ZIP	FT LAUDERDALE FL		·	2.4 C	(†Y-	ST-ZIP				
TITLE	VT		DELETE	3 1 1	IIILE				] Change	Addition
NAME	DIMARCO, JOHN			32 N						
STREET ADDRESS	888 E LAS OLAS BLVD STE	220B				T ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		DELETE	3.4 C 4. 1 T		ST-ZIP		<u>_</u>	) Change	☐ Addition
TITLE NAME			C) bettie	4.2 N						<u></u>
STREET ADDRESS						1 ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			DELETE	5.1	TITLE			Ī	Change	☐ Addition
NAME				52 N	IAME					
STREET ADDRESS				538	TREE	T ADDRESS				
CITY-ST-ZIP			ET DELETE			ST-ZIP			T Change	FT Addition
TITLE			☐ DELETE		TITLE			L	Change	Addition Addition
NAME					IAME					
STREET ADDRESS				ı		I ADDRESS				
14. I do hereb	L by certify that the information supplied	with th	nis filing is voluntarily furr	shed and	do	\$1-ZIP   es not qualify	y for the exemption stated in Section 11	9.07(3)(k), Flo	rida Statı	ites. I further
certify that oath; that	l the information indicated on this and	iual rep oration	oort or supplemental ann For the receiver or truste	iual report e empowe	is tr	tue and accu	irate and that my signature shall have the	e same logal.	effect as	if made under

SIGNATURE: Many Interest of Day of Printed Name of Signing Officer on Director Data Day Interest of Day Intere

ROED 24 (12/95)