

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000082313 (6)

1. Corporation Name
C & M MANAGEMENT, INC.



Principal Place of Business 7140 COLLINS AVE. NORTH MIAMI BEACH FL 33141	Mailing Address 116 W HALLANDALE BEACH HALLANDALE FL 33009 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 116 W. Hallandale Beach Blvd. Suite, Apt. #, etc. 22 City & State 23 Hallandale, FL. Zip 24 33009	2. Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified 12/01/1993	4. FEI Number 65-0451347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent HREN, COLLEEN C/O MIAMI SUBS 7140 COLLINS AVENUE MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 c/o Miami Subs 84 116 W. Hallandale Beach Blvd. City Hallandale FL 85 Zip Code 33009

13. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	HREN, MARGARET
STREET ADDRESS	7140 COLLINS AVE.
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	VPST <input type="checkbox"/> DELETE
NAME	HREN, COLLEEN
STREET ADDRESS	7140 COLLINS AVE.
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1635 WEEPING WILLOW WAY
2.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33019
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE:  (954) 451-4488

CR2E034 (10/97)