

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. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000004331 (2)

1. Corporation Name

M & M FUEL COMPANY, INC.



Principal Place of Business

Mailing Address

6324 LANTANA RD
LANTANA-FL 33463

6324 LANTANA RD
LANTANA-FL 33463

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 LAKE WORTH

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 LAKE WORTH

29 Zip Country

30

3. Date Incorporated or Qualified

01/19/1994

3a. Date of Last Report

01/30/1995

4. FEI Number

65-0459886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

E.K. WILLIAMS AND COMPANY
1521-FOREST HILL BLVD.
SUITE 6
WEST PALM BEACH FL 33406

81 Name

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

83

84 City

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 type the printed name of registered agent and the applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PACIELLO, JOANNE
STREET ADDRESS 3400 S OCEAN BLVD SUITE 8-G
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRES.
12 NAME PACIELLO, JOANNE
13 STREET ADDRESS 3088- N.W. 27 AVE
14 CITY-ST-ZIP BOCA RATON, FL 33434

21 TITLE V.P.
22 NAME VINCENT RANIERI
23 STREET ADDRESS 1505-S SPRING HARBOR DR
24 CITY-ST-ZIP DELRAY BEACH, FL 33445

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

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

51 TITLE
52 NAME
53 STREET ADDRESS
54 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: VINCENT RANIERI Vincent Ranieri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96

561-967-7574

CR2E034 (3/96)