

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 20 PM 5:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/21/95--01043--023
***225.00 ***225.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000023758

1. Corporation Name
M M OF TAMPA, INC

Principal Place of Business Mailing Address
**40 JUNIOR 1 STOP
12149 S WILLIAMS STREET, SUITE H
DUNNELLON, FL 34432-6054**

3. Date Incorporated or Qualified **3.24.94** 3a. Date of Last Report **1994**

4. FEI Number **59-3232327** 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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State **SUITE H** 27 City & State

23 Zip **DUNNELLON FL 34432** 28 Zip

24 Country 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANILAL D PATEL
12149 S WILLIAMS STREET, SUITE H
DUNNELLON, FL 34432-6054**

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]* DATE **5.19.95**

Signature of Registered Agent and fee if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY ST ZIP	P NATWARBHAI C PATEL 6028 TYLER PLACE WEST NEW YORK, NJ 07093	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY ST ZIP	VP MANILAL D PATEL 12149 S WILLIAMS STREET, SUITE H DUNNELLON, FL 34432-6054	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY ST ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY ST ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	☐ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **5.19.95** 904 465 1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing