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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500003992 (1)

M & I, INC.

## FILED Jan 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address														
385 S.W. 16TH STREET 385 S.W. 16TH STREET														
BOCA RATON FL 33432  BOCA RATON FL 33432														
									DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
										*	Justilled			
2. Principal Place of Business 2a. Mailing Address									01/12/1995 4. FEI Number Applied For					
21			26							· ·				Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						מטרטט	51979				Additional
22			27						<ol><li>Certificate</li></ol>	of Status De	esired			Required
City & State			City & State						6. Election C	Campaign Fin	ancing			O May Be
23			28						Trust Fund Contribution					
Zip	Count	ry	Zip		Cou	ntry			8. This corp	oration owes	or has paid	the cur	rent year l	ntangible
24	25		29		30					Property Tax			<b>-</b>	□ No
Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent					
CARMAN, DEBORAH A ESQ.					81 Name			е						
165 EAST PALMETTO PARK ROAD			l				Street	t Address	(P.O. Box Ni	umber is Not	Acceptable	e)		-
BOCA RATON FL 33432			ļ											
						83								
					ľ	84	City					FI	85 Zi	o Code
11. Pursuant	to the provisions of Sec	tions 607.0502 an	nd 607.1508. F	lorida Statutes	the ab	ove	-name	d corporat	tion submits t	this statemen	t for the pu		i       changing	its registered
office or r agent. I a	egistered agent, or bot m familiar with, and ac	h, in the State of F cept the obligation	lorida, Such on is of Section	hange was au 607.0505, Flor	thorized Ida State	i by utes	the co	orporation's	s board of di	rectors. I here	by accept	the app	ointment a	is registered
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 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 regist 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 life if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE														
Signature, typed or printed name of registered agent and lide if applicable. (NOTE: Regist  12. OFFICERS AND DIRECTORS  1						Ager	nt signatui	are required with		S/CHANGES	TO OFFICE	DATE BS AND	DIRECTO	DRS IN 12
TITLE	PD	77.702.707.400.07		DELETE	1.1 TIT	LE			TIDDITION.	5,011111020	10 011 102	110744	Change	
NAME	GIANNACCINI, MI	CHAFL P SR.	-	-	1.2 NA			-						_
STREET ADDRESS 385 S.W. 16TH STREET					1.3 STREET ADDRESS			,						
CITY-ST-ZIP	BOCA RATON FL				1,4 CIT									
TITLE	VPD			DELETE	2.1 TIT								☐ Change	Addition
NAME	GIANNACCINI, IRI	IS B			2.2 NA	MĘ								
STREET ADDRESS	385 S.W. 16TH S				2.3 ST	REET A	ADDRESS	;						
CITY-ST-ZIP	BOCA RATON FL	33432			2. 4 CF	TY-ST	T-ZIP							
TITLE				DELETE	3.1 TIT	LE							Change	☐ Addition
NAME	-				3.2 NA	ΜÉ		-						
STREET ADDRESS					3,3 ST8	REET A	ADDRESS	;						
CITY-ST-ZIP			1)		3.4. Cl1	ry-st	ſ-ZiP							
TITLE			L	DELETE	4.1 TIT	LE							Change	Addition
NAME					4. 2 NA	ME								
STREET ADDRESS					4.3 STF	REET A	ADDRESS	;						
CITY-ST-ZIP					4.4 CIT	Y-ST	- ŽIP							
TITLE			L.	DELETE	5.3 TITI	LE							Change	Addition
NAME					5.2 NA	ME								}
STREET ADDRESS					5.3 STF	REET A	ADDRESS							
CITY-ST-ZIP			00-1-11-11		5.4 C(T	Y-ST	- ZIP	1						
TITLE				DEFELE	6.1 TITU	.E		1					Change	Addition
NAME					6.2 NAM	νE								
STREET ADDRESS					6.3 STR	EET A	ADDRESS	- [						
CITY-ST-ZIP	auth that the aforesti				6.4 CIT	Y-\$T-	- ZIP	1						

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 eath; 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 of Bloc

SIGNATURE SEN BURLEMETERED / RIS BGIONNACCINI 1/12/49 561-391-0055

CHZE034 (10/97)