

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000028864 (3)

1. Corporation Name

M & M REFRESHMENTS, INC.

Principal Place of Business

9152 SOUTHERN ORCHARD ROAD NORTH
DAVIE FL 33324

Mailing Address

9152 SOUTHERN ORCHARD ROAD NORTH
DAVIE FL 33324



3. Date Incorporated or Qualified
04/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1200 SE 2nd Ave

26 1200 SE 2nd Avenue

4. FEI Number
65-0604175

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 Dania, FL

28 Dania, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33004 25 USA

29 33004 30 USA

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

WILKIE, MARY

9152 SOUTHERN ORCHARD ROAD NORTH
DAVIE FL 33328

81 Name MONICA A. MOODY

82 Street Address (P.O. Box Number is Not Acceptable)
1200 SE 2nd Ave

83

84 City Dania

FL 85 Zip Code 33004

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

Monica A. Moody

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's Signature is not required when reinstating)

5/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME WILKIE, MARY
STREET ADDRESS 9152 SOUTHERN ORCHARD RD. NORTH
CITY-ST-ZIP DAVIE FL 33328

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MOODY, MONICA A
STREET ADDRESS 2005 S.W. 82ND AVE.
CITY-ST-ZIP DAVIE FL 33324

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001819791
-05/14/96--01015--041
***200.00

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:

Monica A. Moody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

434-2016

Daytime Phone #

CR2E034 (12/95)