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Apr 22 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000053255 (2)

1. Corporation Name
FMM, INC.

Principal Place of Business
4930 SANDPIPER LANE SOUTH
ST. PETERSBURG FL 33711

Mailing Address
4930 SANDPIPER LANE SOUTH
ST. PETERSBURG FL 33711-4656



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

07/11/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3364974

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

FRIEMAN, BRUCE
4930 SANDPIPER LANE SOUTH
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

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: typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ **DELETE**
NAME **FRIEMAN, BRUCE W.**
STREET ADDRESS **4930 SANDPIPER LANE SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33711**

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **DELETE**
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ **Change** ☒ **Addition**
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ **Change** ☐ **Addition**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ **Change** ☐ **Addition**
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ **Change** ☐ **Addition**
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ **Change** ☐ **Addition**
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ **Change** ☐ **Addition**
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 this 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: *B. Frieman* **Bruce Frieman**

3/3/97

813-736-5120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)