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Apr 10 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 # P95000061223 (0)

1. Corporation Name

MEMO MANAGEMENT COMPANY

Principal Place of Business

2836 FILLMORE STREET, APT. 28
HOLLYWOOD FL 33020

Mailing Address

2836 FILLMORE STREET, APT. 28
HOLLYWOOD FL 33020-4251

3. Date Incorporated or Qualified
08/08/1995

3a. Date of Last Report
04/20/1996

2. Principal Place of Business

21 336 N. Birch Road

Suite, Apt. #, etc.

22 OFFICE

City & State

23 FT. LAUDERDALE

Zip

24 33304

Country

25 FLORIDA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0599760

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

MEUNIER, GINETTE
4705 SW 62ND AVE., APT. 204
DAVE FL 33314

10. Name and Address of New Registered Agent

81 Name Paul Kroncke
82 Street Address (P.O. Box Number is Not Acceptable)
900 NE 26 Ave
83 Ft. Lauderdale FL 33304
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MANARD, JEAN-MARC
STREET ADDRESS 2836 FILLMORE STREET, APT. 28
CITY-ST-ZIP HOLLYWOOD FL 33020
☐ DELETE

TITLE STD
NAME MEUNIER, GINETTE
STREET ADDRESS 4705 SW 62ND AVE., APT. 204
CITY-ST-ZIP DAVE FL 33314
☒ DELETE

TITLE PD
NAME MENARD, JEAN-MARC
STREET ADDRESS 336 N. BIRCH ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33304
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97 954-463-2835

Date Daytime Phone #

CR2E034 (9/96)