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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P95000067968 1. Corporation Name

CMM ENTERPRISES INC

FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90005 017 ***158.75

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Principal Place of Business Mailing Address						t indiinat tim takki diliti katil dayil garil a	WILL 15010 1	5.10 346f 1611 1661
10300 LEXINGTON ESTATES BLVD 10300 LEXINGTON ESTATES BOCA RATON FL 33428 BOCA RATON FL 33428 US			S BLVD			DO NOT WRITE IN T	IIS SPACE	
						3. Date Incorporated or Qualifed 08/31/1995		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number 65-0606620		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
*City & State		City & State				6. Election Campaign Financing		Required May Be
23		28	3		~ ~	Trust Fund Contribution Added to Fees		
Zip	Country Zip (25) 29 30			try	ļ	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes	□No
	9. Name and Address of Curren					10. Name and Address of New Register	ed Agent	
ļ———	d. There are required at adition			31 Name				
	LACE, CRAIG M		-	32 Street	Addres	s (P.O. Box Number is Not Acceptable)		
	O LEXINGTON ESTATES BLVD A RATON FL 33428		[B3		And the second s		
				34 City			. 85 Z	ip Code
}			1	. } - 7				
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute of Florida, Such change was all	s, the ab	ove-named by the corr	corpora oration's	ation submits this statement for the purpose s board of directors. I hereby accept the ap	of changing	registered :
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statut	es.		, , ,	•	
SIGNATURE	·•							
	Signature, typed or printed name of registered ager			gent signature	required wi	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
12.		ID DIRECTORS	13.		P		W (1)	
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l l	500/11/10/12/50/120	☐ DELETE	1,4 CITY 2.1 TITE	/-ST-ZIP E	1030 BOX	O LEXINGTON ESTATES BLU A RATOM, EL. 3342	<u>{</u>	ge Addition
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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 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 appear with an address, with all other like empowered.

SIGNATURE: