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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 JUN 10 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SH 6/17

DOCUMENT # **P95000080552 (9)**

1. Corporation Name

M & M'S BLUE PARADISE, INC.

Principal Place of Business	Mailing Address
~~590 ROYAL PALM BEACH BLVD~~ ROYAL PALM BEACH FL 33411	~~590 ROYAL PALM BEACH BLVD~~ ROYAL PALM BEACH FL 33411

3. Date Incorporated or Qualified: 10/19/1995
3a. Date of Last Report:

2. Principal Place of Business:
21: 4360 Northlake Blvd.
Suite, Apt. #, etc. 22: Suite 205
City & State 23: Palm Beach Gardens, FL
Zip 24: 33410 Country 25:

2a. Mailing Address:
26: same as item #2
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-061868 ☐ 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

~~MORRIS, ROBERT R~~
~~590 ROYAL PALM BEACH BLVD~~
~~ROYAL PALM BEACH FL 33411~~

10. Name and Address of New Registered Agent

81 Name: Martin E. Washofsky, E.A., P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 4360 Northlake Blvd. Suite 203
83: Palm Beach Gardens, FL 33410
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] DATE: 6/4/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~ABEGGLEN, MARTIN~~ ~~4369 HUNTING TRAIL~~ ~~LAKE WORTH FL 33467~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P Rolf Mauch 4360 Northlake Blvd. Palm Beach Gardens, FL 33410	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD ~~ABEGGLEN, MELANIE~~ ~~4369 HUNTING TRAIL~~ ~~LAKE WORTH FL 33467~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	800001863546 -06/17/96--01039--001 ****225.00 ****225.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: [signature] R_O Rolf Mauch 6/4/96 (407) 694-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #