FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 16 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P95000 & M. INVESTMENTS, INC.	0083330 (7)			
Principal Place of Business 11905 NW 35TH ST., STE, 5 CORAL SPRINGS FL 33065		Mailing Address P.O. BOX 770938 CORAL SPRINGS FL 33077 US		DO NOT WRITE IN T	
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		10/26/1995 4. FET Number	Applied For
21		26		65-0624427	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	Cily & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 3	0]	Personal Property Tax due June 30.	☐ Yes ☑ No
ļ	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent
SIMONIELLO, MICHAEL 11905 NW 35TH ST., STE. 5 CORAL SPRINGS FL 33085			81 Name82 Street Address83	ess (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
agent. La	im familiar with, and accept the obligation of the obligation of the state of the s	and life if suptemble (NOTE F	da Statutes. Registered Agent signature require		IE .
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
NAME	SIMONIELLO, MICHAEL	ר"ו מנינונ	1.1 TALE		☐ Change ☐ Addition
STREET ADDRESS	11905 NW 35TH ST., STE. 5		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 City St Zip		
TITLE	V	DELETE	2.1 1016		Change Addition
NAME	SIMONIELLO, RALPH		2.2 NAME		
STREET ADDRESS	11905 NW 35TH ST., STE. 5		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2 4 CITY- \$1-7IP		
TITLE	T	☐ DELETE	3 1 11TLE		Change Addition
NAME	SIMONIELLO, CAMILLA		3.2 NAME		
STREET ADDRESS	11905 NW 35TH ST., STE. 5		3 3 STREET ADDRESS		
City-St-Zip	CORAL SPRINGS FL 33065	Docto	3.4. City-St-ZiP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY - ST - ZIP			4.3 STREET ADDRESS		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		_ , ,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 7)P		
TITLE		DLLFIE	6.1 TITLE		Change Addition

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 is true and accurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the corporation of the receiver or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address

6.2 NAME 6.3 STREET ADDRESS

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