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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000012311 (2)

1. Corporation Name

~~S.H.S. INVESTORS, INC.~~

M & M OFFICE SERVICES, INC.

Principal Place of Business

6950 CENTRAL AVE
SUITE 180
ST PETERSBURG FL 33707

Mailing Address

6950 CENTRAL AVE
SUITE 180
ST PETERSBURG FL 33707-1248

3. Date Incorporated or Qualified

02/08/1996

3a. Date of Last Report

2. Principal Place of Business

21 6950 CENTRAL AVENUE

Suite, Apt. #, etc.

22 SUITE 180

City & State

23 ST. PETERSBURG FL

Zip Country

24 33707

25

2a. Mailing Address

26 6950 CENTRAL AVENUE

Suite, Apt. #, etc.

27 SUITE 180

City & State

28 ST. PETERSBURG FL

Zip Country

29 33707

30

4. FEI Number

59-3362995

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

SAMSON, MARION
6950 CENTRAL AVE
SUITE 180
ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name

CARLA M. MATTHEWS

82 Street Address (P.O. Box Number is Not Acceptable)

6950 CENTRAL AVENUE, SUITE 180

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33707

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

Carla M. Matthews

CARLA M. MATTHEWS

4/23/97

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 NAME ☒ DELETE

PSD
SAMSON, MARION
6950 CENTRAL AVE
ST PETERSBURG FL 33707

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 *Carla M. Matthews*

CR2E034 (9/96)