SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000013243 (6)

M & M COUNTERTOPS, INC.

APPROVED AND FILED

1997 OCT 20 PM 4: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Pla	ce of Business	Mailing Address		r anneren ein suten neier derei derist antilt balbt	I 1400 B 14410 TIBSI BIBDO 1141 1991	
645 JAMES LEE ROAD. #232 645 JAMES LEE ROAD. #232						
FI. WALTON	BEACH FL 32547	FT. WALTON BEACH FL 32	547	50 1107 1107 1107		
				DO NOT WRITE IN THE 3. Date incorporated or Qualified 3a.		
<u> </u>	Ou		·	02/08/1996	Date of Last Report	
21 99	Place of Business Lovejoy Road	28. Mailing Address 26 32 Cascal	oellas \$	59-3863396	Applied For Not Applicable	
Suite, Apt	0	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	"Walton Beach, FL	City & State 28 Mary Esther	1 FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
L Zip	Country	70000	Country	8. This corporation owes or has paid the	current year Intangible	
24 000	348 25 USA	29 50569 3	O USA	Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MORAS KEVIN 81 Name						
The state of the s						
82 Street Address (P.O. Box Number is Not Acceptable)						
FT. WALTON BEACH FL 32547 32 Cosca bellas ST						
V	B3 Mary Esther					
4			84 City		B5 Zp Code	
11 Purcuant	to the provisions of Sections 607.0502	and 607 1509 Florida Statutas	the should pared	corporation a sharifa this statement for the automate	-L 1º 33569	
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 agont, 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 lamiliar with, and accept ne obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 0	Ongistered Agent signature	required when reinstating) DAT	9-16-97	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS /		
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	MORAS, KEVIN		1.2 NAME		•	
STREET ADDRESS	.846 JAMES LEE ROAD, #232		1.3 STREET ADDRESS	9301 East Kiver Koas		
CITY-ST-ZIP	FT. WALTON BEACH FL 32547		1.4 CITY - ST - ZIP	9301 East River Road Navarre, FL 32566		
TITLE	0	☐ DELETE	2 1 TITLE		Change Addition	
NAME	MORAS, DAWN		2.2 NAME			
STREET ADDRESS	-845 JAMES LEE ROAD, #232		23 STREET ADDRESS	32 Casca be 1/as 54.		
CITY-ST-ZIP	-FT. WALTON BEACH FL 32547		2.4 City-StaziP	32 Casca bellas 54. Mary Cother, FL 82569		
TITLE	D D	☐ DELETE	3.1 THILE		Change Addition	
NAME	MORAS, STEPHEN W		3.2 NAME			
STREET ADDRESS	32 CASCABELLAS ST.		3.3 STREET ADDRESS			
CITY-ST-ZIP	MARY ESTHER FL 32569		3.4. CITY - ST - ZIP			
TITLE	D NODAC IANIOT	[_] DELETE	4.1 TITLE		Change	
NAME	MORAS, JANICE		4, 2 NAME	and East River Room	4	
STREET ADDRESS	- 82 CASCABELLAS ST.		4.3 STREET ADDRESS	9301 East River Road Navarre, FL 32566		
CITY-ST-ZIP	-MARY ESTHER FL 32589			navarre, FL 32566) 	
TITLE		☐ DELETE	5.1 TITLE	60000232 -10/22/97- 0.022****		
NAME			5.2 NAME	ቀቀቀቀጀርህ ሀ(- 104 ዓርር መስፈ	n ****550_00	
STREET ADDRESS			5.3 STREET ADDRESS	சுசுசு சூற்பூரி சூரி	C. www.common	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		[] (hans) A] [] A	
TITLE		□ DELETE	6.1 TITLE		Li Unange	
NAME			6.2 NAME		159201.	
STREET ADDRESS			6.3 STREET ADDRESS	•	101-	
CITY-ST-ZIP	by cortifu that the information a unplied	out the filling of the filling of	6.4 CITY-ST-ZIP	11 C - C - 440 07(0)(0) F((4-0)	1 14 1 4 1	

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.

CNATURE: