SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P96000015661 (7) M&M TRADING OF BROWARD INC. Principal Place of Business Mailing Address 6001 W SUNRISE BLVD 6001 W SUNRISE BLVD SUNRISE FL 33313 SUNRISE FL 33313 3. Date Incorporated or Qualified <u>02/16/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-0646335 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No Zip Country Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SPENCER, SHERNA G. 5950 W OAKLAND PARK BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 103

FILED Sep 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

LAUDERHILL FL 33313		83		
		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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
The state of the s		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		Li Tirle		
NAME	The state of the s	NAME		LEWIS MICHAEL _ GOINGE DANGEL
STREET ADDRESS	4 m 4 A 4 M 4 A 4 M M M M A 4 A 4 A 4 A 4 A	TREET	ADDRESS	LEWIS, MICHAEL Change LAddition 5809 NW 1357 REET
CITY-ST-ZIP	1 At IDEMOTING BY ARRAY	CITY-ST		Suncise &1 33313
TITLE		TITLE		Change Addition
NAME	aracula ahum	VAME		- Carlotte C
STREET ADDRESS	1746400 55 NUC \$ 8-01	TREET	ADDRESS	
CITY-ST-ZIP	* * * * * * * * * * * * * * * * * * *	CITY-ST	-ZiP	
TITLE	DELETE 3.1	ITLE		Change Addition
NAME	3.2	NAME		
STREET ADDRESS	3.33	TREET	ADDRESS	
CITY-ST-ZIP	3.4	CHTY-ST	·Z(P	
TITLE	DELETE 4.1	ITLE		Change Addition
IAME	4.21	VAME		
TREET ADDRESS	4.33	TREET	ADDRESS	
CITY-ST-ZIP	4.44	HTY-ST	ZIP.	
TITLE	DELETE 5.1	ITLE		Change Addition
NAME	5.2	IAME		
TREET ADDRESS	5.33	TREET	ADDRESS	
CITY-ST-ZIP	5.4	CITY ST	-ZIP	
ITLE	DELETE 6.1	ITLE		Change Addition
NAME	62	IAME		
STREET ADDRESS	6.3.5	TREET	ADDRESS	
CITY-ST-ZIP		ITY-ST		
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 attachment with an address.

CHRINICALICERAL CARVA.