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**Feb 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000028026 (8)

1. Corporation Name
M & M CORAL INCORPORATED



Principal Place of Business
**1318 S.E. 2ND AVENUE
FT. LAUDERDALE FL 33316**

Mailing Address
**1318 S.E. 2ND AVENUE
FT. LAUDERDALE FL 33316-1810**

3. Date Incorporated or Qualified
04/01/1996

3a. Date of Last Report
NEVER

2. Principal Place of Business
21 **9174 WILES RD.**
Suite, Apt. #, etc

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc.

4. FEI Number
65-0656781

Applied For
Not Applicable

22 City & State
CORAL SPRINGS FLA

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip
33067

25 Country
USA

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

26

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COKER, RICHARD G JR
1318 S.E. 2ND AVENUE
FT. LAUDERDALE FL 33316**

81 Name

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

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD LANCELLOTTI, MICHAEL**
STREET ADDRESS **2 WINDING WAY**
CITY-ST-ZIP **IVYLAND PA 18974**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **6897 NW 32ND ST**
1.4 CITY-ST-ZIP **MARGATE FLA 33068**

TITLE DELETE
NAME **VD MULLER, CHRISTOPHER**
STREET ADDRESS **2 WINDING WAY**
CITY-ST-ZIP **IVYLAND PA 18974**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **6897 NW 32ND ST**
2.4 CITY-ST-ZIP **MARGATE FLA 33068**

TITLE DELETE
NAME **TD LANCELLOTTI, ANGELO**
STREET ADDRESS **2 WINDING WAY**
CITY-ST-ZIP **IVYLAND PA 18974**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **SD MULLER, PAUL**
STREET ADDRESS **2 WINDING WAY**
CITY-ST-ZIP **IVYLAND PA 18974**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97

954 345 1604

CR2E034 (9/96)