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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
4. FEI Number 65-0656781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 9174 WILES RD. Suite, Apt. #, etc. 22 City & State 23 CORAL SPRINGS FLA Zip 24 33067 Country 25 USA	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCELLOTTI, MICHAEL	1.2 NAME	
STREET ADDRESS	2 WINDING WAY	1.3 STREET ADDRESS	6897 NW 32ND ST
CITY - ST - ZIP	IVYLAND PA 18974	1.4 CITY - ST - ZIP	MARGATE FLA 33063
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	2 WINDING WAY	2.3 STREET ADDRESS	6897 NW 32ND ST
CITY - ST - ZIP	IVYLAND PA 18974	2.4 CITY - ST - ZIP	MARGATE FLA 33063
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCELLOTTI, ANGELO	3.2 NAME	
STREET ADDRESS	2 WINDING WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	IVYLAND PA 18974	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, PAUL	4.2 NAME	
STREET ADDRESS	2 WINDING WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	IVYLAND PA 18974	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97 959 345 1604
Date Daytime Phone

CR2E034 (9/96)