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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000052221

Principal Place of Business

4900 SW ST LERRACE DANIA PC 33312

M & M LIMO, INC.

M & M SCLAFANI 5739 PARK ROAD FT. LAUDERDALE FL 33312

> Mailing Address < 4900 GW SF TERRACE

M & M LIMOVAN 5739 PARK ROAD					3. Date Incorporated or Qualifed			
		2a. Mailing Lauberd	ALE!	FL 33312-	06/17/1996			
Principal Plant	ace of Business				4. FEI Number		Applied For	
1		26			65-0678293	***	Not Applicable	
Suite, Ant	" MAM SCLAFANI	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	5 Additional Required	
City & State	5739 PARK ROAD T. LAUDERDALE FL 33	City & State	-		6. Election Campaign Financing	•	00 May Be	
3	T. LAUDERDALE TE OC	28			Trust Fund Contribution	Ado	led to Fees	
Zip	Country	Zip	_ Cour	ntry	8. This corporation owes the current year			
4	25	29 30	0		Personal Property Tax.	☐ Yes	740	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	red Agent		
				81 Name				
	AFANI, MAGDA R		***************************************	82 Street Add	ress (P.O. Box Number is Not Acceptable)			
46	THE STATE OF THE PERSON OF THE	M & M SCLAFANI	~4	00017.134				
	40.00 TEAT I 08314	5739 PARK ROAD		83				
	PT	LAUDERDALE FL 33	312	24 67		los I	Zip Code	
	• •			84 City	,	FL 85 ²	Lip Code	
11. Pursuant t	to the provisions of Sections 607 05	02 and 607.1508. Florida Statutes.	, the ab	oove-named corp	poration submits this statement for the purpose	e of changing	g its registered	
office or re	enistered agent, or both, in the State	e of Florida. Such change was auti	norized	by the corporation	on's board of directors. I hereby accept the a	pointment a	s registered	
agent. I ar	n familiar with, and accept the oblig	ations of, Section 607.0505, Florid	a Statu	ites.			ļ	
SIGNATURE					ed when reinstating) DAT			
	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	Agent signature require	ADDITIONS/CHANGES TO OFFICER		CTORS IN 12	
12.		DELETE	-	16	ADDITIONS/OFFARIOES TO CIT FORTY	Cha		
TITLE	D CCLAEANI MACDA D		1.1 JIII				·	
NAME	SULAFANI, MAGUA N	5739 PARK ROAD	1.2 NA					
STREET ADDRESS	4900-2-WI-STOT-TERRACE	UAUNANNA COLOR	1.3 STI	REET ADORESS				
CITY-ST-ZIP	SANGE V	T. LAUDERDALE FL.	_					
TITLE	D	☐ DELETE	2.1 TIT			☐ Cha	nge	
NAME	SCLAFANI, MICHAEL	M & M SCLAFAR	2,2 NA	ME				
STREET ADDRESS	49/SES IN CAST LENDACE	5739 PARK ROA	2 3 ST	REET ADDRESS			1	
CITY-ST-ZIP	DANIA-ST III	FT. LAUDERDALE FL	333	12 T-ZIP				
TITLE	- 17/	☐ DELETE	3.1 TIT	LE		Cha	nge 🔲 Addition	
NAME			3.2 NA	ME				
				REET ADDRESS				
STREET ADDRESS				1				
CITY-ST-ZIP		☐ DELETE	4.1 TIT	TY-ST-ZIP		Cha	nge Addition	
TITLE		- OCCUPA	4	1	للبحراء للمهميات	, / _	J. J. 12	
NAME.			4. 2 NA	Ĺ				
STREET ADDRESS				REET ADORESS				
CITY-ST-ZIP		□ DELETE	1-	ry-st-zip		☐ Cha	nge Addition	
TITLE		L. DELETE	5.1 TIT				· Mudanou	
NAME			5.2 NA		•*,			
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	:		_	TY-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	TE		☐ Cha	nge 🗌 Addition	
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRESS			Ì	
			6.4 CIT	ry-st-zip				
CITY-ST-ZIP		144. 41. 1- C11			Section 119 07/3\(i) Florida Statutes I furthe	- portific that	the information	

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 with all other like empowered.

SIGNATURE: