

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 27 1998 8:00am
Secretary of State

DOCUMENT # **P97000040409 (9)**
1. Corporation Name
M & M MACHINERY INSTALLATION & MAINTENANCE, INC.

Principal Place of Business
**8251 TOMMY CLEMENTS LANE
INDIANTOWN FL 34956**

Mailing Address
**68 PRINCETON AVENUE
FROSTPROOF FL 33843**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 12366 Southwest 52 Court		26 12366 Southwest 52 Court		05/07/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0769256	
City & State		City & State		Applied For	
23 Cooper City, Florida		28 Cooper City, Florida		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33330		29 33330		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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	PD	1.1 TITLE	VPSTD
NAME	MADDEN, DANIEL E	1.2 NAME	ROBERT L. WOODARD, SR.
STREET ADDRESS	8251 TOMMY CLEMENTS LANE	1.3 STREET ADDRESS	12366 SOUTHWEST 52 Court
CITY - ST - ZIP	INDIANTOWN FL 34956	1.4 CITY - ST - ZIP	COOPER CITY, FLORIDA 33330
TITLE	VD	2.1 TITLE	
NAME	MCKEICH, JOSEPH	2.2 NAME	
STREET ADDRESS	8251 TOMMY CLEMENTS LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANTOWN FL 34956	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	MADDEN, JEAN K	3.2 NAME	
STREET ADDRESS	8251 TOMMY CLEMENTS LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANTOWN FL 34956	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	
NAME	MCKEICH, MERLLYN	4.2 NAME	
STREET ADDRESS	8251 TOMMY CLEMENTS LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANTOWN FL 34956	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: **ROBERT L. WOODARD, SR., VICE PRESIDENT**

03/17/98

954-434-4308
(941) 625-9115

CR2E034 (10/97)