## 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

DOCUMENT # P97000041505 (3)

M & M INTERNATIONAL AND COMPANY, INC.

Principal Place of Business	Mailing Address	,
9415 SHAMOKIN LANE PORT RICHEY FL 34868	9415 SHAMOKIN LANE PORT RICHEY FL 34688	
		3
2. Principal Place of Business	2a. Mailing Address	14
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

**FILED** Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
9415 SHAMOKIN LANE PORT RICHEY FL 34668			9415 SHAMOKIN LANE PORT RICHEY FL 34668			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 05/06/1997
2. Principal P	lace of Business	2a. Mailing Addres	s			4. FEI Number Applied For
21		26				59 - 345 312   Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.			5. Certificate of Status Desired \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
		City & State	<u></u>			Election Campaign Financing \$5.00 May Be
23		28	<del>}-</del> ′			Trust Fund Contribution   Added to Fees
Zip	Country	Zip	C	ountry		This corporation owes or has paid the current year Intangible
24	25	29	30	-		Personal Property Tax due June 30. Yes You
<u> </u>	9. Name and Address of Cu			$\neg$		10. Name and Address of New Registered Agent
	<del></del>			81	Name	
	RAGLIA, HARRY JR.					
	15 SHAMOKIN LANE			82	Street A	Address (P.O. Box Number is Not Acceptable)
PO	RT RICHEY FL 34668			83		
				63		
				84	City	FL 85 Zip Code
11 Durement	to the provisions of Sections 607	0502 and 607 1508. Floride	Statutes the	abovi	e-named	
office or r agent. I a	registered agent, or both, in the samiliar with, and accept the c	State of Florida. Such change obligations of, Section 607.05	was authori 05, Florida S	zed by tatutes	the corp s.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Stonature, typed or printed name of registers	ed arout and title if eacheable.	(NOTE Baniste	nod hor	ont signature	required when reinstating) DATE
12.		S AND DIRECTORS	1:		an organic	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	I OITIGE/IC	DELE		TITLE	<u> </u>	P ☐ Change ☑ Addition
NAME				NAME		MARIA G. MIRAGLIA
					ADDRESS	9415 SHAMOKIN LANE
STREET ADDRESS						PORT FICHBY FL 34668
CITY-ST-ZIP		DELE		CITY-S	1-2P	Change Addition
TITLE		<i>u</i> ttt	<b>I</b> -	TITLE		<del></del>
NAME				NAME		HARRY MIRAGLIA
STREET ADDRESS			23	STAEET	ADDRESS	9415 SHAMOKIN LAND
CITY-ST-ZIP				4 City-	ST-ZIP	PORT RICHEY, FL 34668
TITLE		☐ DELE	TE 3.1	TITLE	ĺ	Change Addition
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREET	ADDRESS	
CITY-ST-ZIP			3.4	I. CITY-S	ST-ZIP	
TITLE		DELE	TE 4.1	TITLE		☐ Change ☐ Addition
NAME			4.	2 NAME		
STREET ADDRESS			4.3	STREET	ADDRESS	
CITY-ST-ZIP				CITY-S		
TITLE		DELE		TITLE		Change Addition
		<del></del>		NAME		
NAME ATDECT ADDRESS					ADDRESS	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		Пого		CITY-S	11-2119	Change Addition
TITLE		[] DELE		TITLE		Li clarige Li Audillon
NAME			6.2	NAME		
STREET ADDRESS			6.3	STREET	ADDRESS	
CITY-ST-ZIP	l ·		6.4	CITY-S	T-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.

(P) Maria E Mimalia