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Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000066520 (2)**

1. Corporation Name

M.M. ENTERPRISES OF THE TREASURE COAST, INC.

Principal Place of Business

**1944 SE PORT ST LUCIE BLVD
PT ST LUCIE FL 34952**

Mailing Address

**1944 SE PORT ST LUCIE BLVD
PT ST LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1881 SE Camden St.	26 1881 SE Camden St.	65-0700378	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23 Pt. St. Lucie, FL	28 Pt. St. Lucie, FL	8. This corporation owes or has paid the current year Intangible	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Zip	Personal Property Tax due June 30.	
24 34952	25 USA	29 34952	30 USA
Country	Country		

9. Name and Address of Current Registered Agent

**RIZZLO, JANET P
1944 SE PORT ST LUCIE BLVD
PT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name	Mark E. Schumann
82 Street Address (P.O. Box Number is Not Acceptable)	1881 SE Camden St.
83	
84 City	Pt. St. Lucie FL
85 Zip Code	34952

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

Mark E. Schumann President

(NOTE: Registered Agent signature required when reinstating)

3/17/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark E. Schumann	1.2 NAME	
STREET ADDRESS	1881 SE Camden St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Pt. St. Lucie, FL 34952 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

Mark E. Schumann

3/17/98

(561) 337-0602

CR2E034 (10/97)