

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90065 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000075998</b>			
1. Corporation Name <b>M &amp; M RECOVERY, INC.</b>			
Principal Place of Business 1314 E. ATLANTIC BOULEVARD POMPANO BEACH FL 33060		Mailing Address 1314 E. ATLANTIC BOULEVARD POMPANO BEACH FL 33060	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Data Incorporated or Qualified <b>09/02/1997</b>	
21	2a. Mailing Address	4. FEI Number <b>65-0778668</b>	
Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22	2b. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	2c. Mailing Address	7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	2d. Mailing Address		
City & State			
25	2e. Mailing Address		
Country			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAELINA A MISKOWIC 1314 ATLANTIC AVENUE POMPANO BEACH FL 33060		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <i>Madeline A. Miskowic</i> <b>CEO, Madeline A. Miskowic</b>		DATE <b>1-28-99</b>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>D FORTGANG, KENNETH C</b>		1.2 NAME <b>Madeline Angela Miskowic</b>	
STREET ADDRESS <b>1314 E. ATLANTIC BOULEVARD</b>		1.3 STREET ADDRESS <b>1314 E Atlantic Boulevard</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL 33060</b>		1.4 CITY-ST-ZIP <b>Pompano Beach FL 33060</b>	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.2 NAME	
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3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE: *Madeline A. Miskowic* **CEO, Madeline A. Miskowic** **1/28/99** (954) 946-2113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)