

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

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **997000090234**
 1. Corporation Name
M & M ASSOCIATES, INC.

Principal Place of Business: _____ Mailing Address: _____

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4111 S.W. 25th Street Suite, Apt. #, etc	26	4111 S.W. 25th St Suite, Apt. #, etc	October 21, 1997	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Ft. Lauderdale, FL	28	Ft. Lauderdale, FL	65-078-9910	Not Applicable
24	Zip 33317	29	Zip 33317	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country USA	30	Country USA	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Drake M. Batchelder 110 SE 6th Street, 15th Floor Ft. Lauderdale, FL 33301				Drake M. Batchelder, Esq. 450 E. Las Olas Boulevard Suite 950 Ft. Lauderdale FL 33311	

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 responsibilities of, Sections 607.0505, Florida Statutes.

SIGNATURE: *Drake M. Batchelder* DATE: **6/15/98**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Deanna Miller	
STREET ADDRESS	59 Kenilworth Road	
CITY- ST- ZIP	RYE, NY 10580	
TITLE	VicePresident	<input type="checkbox"/> DELETE
NAME	Amy R. Miller	
STREET ADDRESS	59 Kenilworth Road	
CITY- ST- ZIP	RYE, NY 10580	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Susan J. Colby	
STREET ADDRESS	103 Old Orchard Road	
CITY- ST- ZIP	RYE, BROOK, NY	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Steven E. Miller	
STREET ADDRESS	360 Westchester Ave	
CITY- ST- ZIP	Portchester, NY 10573	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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****\$550.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplement to an 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 of this report, or on an attachment with an address.

SIGNATURE: *Deanna Miller* DATE: **914-967 5039**

CR2E034 (10/97)