

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90006 028 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **P97000100282**

1. Corporation Name
M & M WHOLESALE, INC.

Principal Place of Business

6737 SHERIDAN ROAD
 MELBOURNE FL 32904

Mailing Address

1520 BOTTLEBRUSH DRIVE
 PALM BAY, FL. 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

2. Principal Place of Business

21 1520 BOTTLEBRUSH DRIVE

2a. Mailing Address

26 1520 BOTTLEBRUSH DRIVE

4. FEI Number

59-3481865

Applied For

Not Applicable

Suite, Apt. #, etc.

22 2M

Suite, Apt. #, etc.

27 2M

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 PALM BAY FL.

City & State

28 PALM BAY, FL.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 32905

Country

Zip

29 32905

Country

8. This corporation owes the current year Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

RICHEY, JAMES H
 200 S. HARBOR CITY BLVD.
 MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name DOMENIC H. CALICCHIA
 82 Street Address (P.O. Box Number is Not Acceptable) 1520 BOTTLEBRUSH DRIVE 2M
 83
 84 City Palm Bay FL 85 Zip Code 32905

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 Domenic H. Calicchia

Domenic H. Calicchia

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	POWELL, MICHAEL W	
STREET ADDRESS	6737 SHERIDAN ROAD	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, MONETTE S	
STREET ADDRESS	6737-SHERIDAN ROAD	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	POWELL MICHAEL W	
1.3 STREET ADDRESS	1520 BOTTLEBRUSH DRIVE 2M	
1.4 CITY-ST-ZIP	PALM BAY, FL. 32905	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Michael W Powell*

8/6/99 407-951-8878

CR2E034 (5/99)

PROFESSIONAL ACCOUNTING SERVICES

DOMENIC H. CALICCHIA
Accountant

1520 Bottle Brush Drive N.E., Suite 2-M
Palm Bay, Florida 32905
Office: (407) 951-8878
Fax: (407) 951-3008
Mobile: (407) 676-8018

August 24, 1999

P97000100282
610476-90006-28

State of Florida
Department of Corporations
Tallahassee, FL 32314

RE: Annual Report **M & M Wholesale Inc.**

To Whom It May Concern:

Please find enclosed a second copy of the Annual Report for **M & M WHOLESALE, INC.**, duly signed by my client. Also please find enclosed a check #5403, in the amount of One Hundred and Fifty Dollars, (\$150.00) to be applied to the above account.

The original was filed in February, 1999 along with my report for **M & L**. Since the paperwork and checks for both my client's Corporations were filed at the same time, I am at a loss to explain the disappearance of one check.

I respectfully request an abatement of penalties levied on this transaction.

I would greatly appreciate any help you can give me in this matter.

Thank you.

Very truly yours,


Domenic H. Calicchia

Encl: Check #5403, for \$150.00