

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000017348**

1. Corporation Name  
**M.M. 45, INC.**

Principal Place of Business

**#3 DOONE DRIVE  
SYOSSET NY 11792**

Mailing Address

**#3 DOONE DRIVE  
SYOSSET NY 11792**

**FILED**  
**Jun 23, 1999 8:00 am**  
**Secretary of State**

06-23-1999 90007 011 \*\*\*150.00

07-28-1999 90019 002 \*\*\*408.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/23/1998**

2. Principal Place of Business

**21 177 N. US Hwy SR 1792**

2a. Mailing Address

**26 3 DOONE Drive**

4. FEI Number

**22-3582572**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

City & State

**23 Longwood, Florida**

City & State

**28 Syosset, New York**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

Zip

**24 32750**

Country

**25 USA**

Zip

**29 11791**

Country

**30 USA**

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**SCOTT, JR., ROGER ESQ.  
CONWAY & SCOTT  
533 MAGNOLIA AVENUE  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

**81 Name Roger Scott PMB 201**

**82 Street Address P.O. Box Number is Not Acceptable**

**1941 Aloma Avenue**

**83**

**84 City Winter Park**

**FL**

**85 Zip Code 32792**

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

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 PRESIDENT**  
**NAME LANCE MOORE**  
**STREET ADDRESS 3 DOONE DR.**  
**CITY-ST-ZIP SYOSSET, NY 11791**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** ☐ Change ☐ Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

**2.1 TITLE** ☐ Change ☐ Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Lance Moore** **7/2/99** **212-924-1850**

CR2E034 (5/99)

0115394