

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90005 044 ***150.00

DOCUMENT # P98000023413

Corporation Name

M & M FINANCIAL GROUP, INC.

Principal Place of Business
5 NORTH FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

Mailing Address
515 NORTH FEDERAL HIGHWAY
BOYNTON BEACH FL 33435



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/12/1998	
Suite, Apt. #, etc.		26. 1 ALBERTS AVENUE		4. FEI Number 65-0821195	
City & State		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28. SICKLERVILLE N.J.		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Zip Country		29. 08081 30. USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent EGNER, THEODORE K 3067 EAST COMMERCIAL BLVD. FORT LAUDERDALE FL 33308				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				85. Zip Code FL	

I, 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	DTP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE	MARKMAN, MICHAEL T	1.2 NAME	
REET ADDRESS	515 NORTH FEDERAL HIGHWAY	1.3 STREET ADDRESS	1 ALBERTS AVENUE
/-ST-ZIP	BOYNTON BEACH FL 33435	1.4 CITY-ST-ZIP	SICKLERVILLE NJ 08081
E	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
/-ST-ZIP		2.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
/-ST-ZIP		3.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
/-ST-ZIP		4.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
/-ST-ZIP		5.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
/-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/99

Date

(609) 2629009

Daytime Phone #

CR2E034 (1/98)

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