

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

**DOCUMENT # P98000052177**

1. Corporation Name  
**MMI CLIENT SERVICES CORP.**

Principal Place of Business  
**7280 PLANTATION ROAD SUITE L  
PENSACOLA FL 32504**

Mailing Address  
**7280 PLANTATION ROAD SUITE L  
PENSACOLA FL 32504**

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90009 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/11/1998**

4. FEI Number  
**62-1739098**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75-Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No ?

2. Principal Place of Business  
**21 1807 ALHAMBRA ST.**

2a. Mailing Address  
**26 8668 Navarre Pkwy #275**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27 #275**

City & State  
**23 NAVAIRE FL**

City & State  
**28 NAVAIRE, FL**

Zip Country  
**24 32506 25 U.S.A.**

Zip Country  
**29 32566 30 U.S.A.**

**9. Name and Address of Current Registered Agent**

**GOLDSTEIN, ADAM S  
4101 CENTRAL AVENUE SUITE B  
ST. PETERSBURG FL 33713**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<b>D HUMPHREY, JEFFREY W</b>	<b>240 ORANGE STREET</b>	<b>ALBANY NY 12210</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Jeffrey W. Humphrey* **JEFFREY HUMPHREY** 3/31/99 850 936 9995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)