## 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 # P98000054136

1. Corporation Name

Suite, Apt. #, etc.

City & State

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Zip

M & M AUTO DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address	
12085 SUGAR PINE TRAIL WELLINGTON FL 33414	12085 SUGAR PINE TRAIL WELLINGTON FL 33414	

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Suite, Apt. #, etc.

City & State

Zip

FILED Mar 22, 1999 8:00 am **Secretary of State** 

03-22-1999 90007 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/15/1998 FEI Number Applied For Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year intangible □No ☐ Yes Personal Property Tax.

MCDANIEL, SEAN 12085 SUGAR PINE TRAIL **WELLINGTON FL 33470** 

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Country

9. Name and Address of Current Registered Agent

	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							

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.

Country

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
TITLE	DP	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	MCDANIEL, SEAN		1.2 NAME	`		
STREET ADDRESS	12085 SUGAR PINE TRAIL		1.3 STREET ADDRESS	,		
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP			
TITLE	DT	☐ DELETE	2.1 TTLE		☐ Change	Addition
NAME	MCDANIEL, LOU ANN		2.2 NAME	•		
STREET ADDRESS	12085 SUGAR PINE TRAIL		2.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME	•		
STREET ADDRESS			3.3 STREET ADDRESS	-		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		<del></del>	
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME ]		1	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME	•		5.2 NAME			
STREET ADDRESS	•		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<del></del>	
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS		;	6.3 STREET ADDRESS			
City-ST-ZIP	•		6.4 CITY-ST-ZIP			

I hereby certify that the information supplied with this filling 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 changes for on an attachment with an address, with all other like empowered.

SIGNATURE: