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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000090945

1. Corporation Name
M & L Enterprises of Brevard Inc.

Principal Place of Business
1520 Bottlebrush Dr
Palm Bay FL 32905

Mailing Address
1520 Bottlebrush DR
Palm Bay FL 32905

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1520 Bottlebrush Dr	Same
Suite, Apt. #, etc. 2-M	Suite, Apt. #, etc. 2-M
City & State Palm Bay FL	City & State Palm Bay FL
Zip 32905 County	Zip 32905 County

4. Date Incorporated or Qualified: 10/26/98

5. FEI Number: 59-3527259 — Applied For / Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Domenic H Calicchia
1520 Bottlebrush Dr NE
Palm Bay FL 32905

10. Name and Address of New Registered Agent

Name: Domenic H Calicchia
Street Address: 1520 Bottlebrush Drive
City: Palm Bay FL Zip Code 32905

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 Calicchia — 1/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D — XXX DELETE	1.1 TITLE	D — Change ☐ XX Addition
NAME	Michael Powell	1.2 NAME	Ana M Powell
STREET ADDRESS	1520 Bottlebrush Dr	1.3 STREET ADDRESS	1520 Bottlebrush Dr
CITY-ST-ZIP	Palm Bay FL 32905	1.4 CITY-ST-ZIP	Palm Bay FL 32905
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	
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	

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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: Ana M Powell — 1-1-99

KE