CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

13. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 11 or Block 12 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the required by the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of trustee empowered to execute the receiver of the receiver of trustee empowered to execute the receiver o Mitchell Davis, Director

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## JOHN A. SMITH, P.A.

## CERTIFIED PUBLIC ACCOUNTANT

MEMBER:

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS 5701 N. PINE ISLAND ROAD SUITE 370 FORT LAUDERDALE, FL 33321 (954) 726-9898

October 17, 2000

Florida Department of State Divisions of Corporations P. O. Box 6327 Tallahassee, FL 32314

Ref: M & N Enterprises, Inc. # P98000095179

Dear Sir or Madam,

I am writing you about the above corporation. The corporation received a second notice on its 2000 Uniform Business Report. The original Uniform Business Report was mailed together with payment on April 12, 2000. Since the report was hand delivered to the United States Post Office, we assumed that it would be delivered timely. This is the first notice that we have had that indicated there was a problem.

At this time we are respectfully requesting that the \$400 penalty be waived. In the future we will be sure to send them certified to insure that they will not be lost in the mail.

Thanking you in advance for your cooperation in this matter.

Respectfully submitted,

John A. Smith

Certified Public Accountant