FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

S32794

(7)

M & M ACCOUNTING, INC.

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cnopal	Place	of E	Busi	noss
6237 P		ENT	IAL	COURT
FORT		FL	339	19

Mailing Address

6237 PRESIDENTIAL COURT SUITE 112 FORT MYERS FL 33919

			3. Date Incorporated or Qualified 02/20/1991	3a. Date of Last Report 04/28/1995	
2. Principal Place of Business 21 1630 MEDICAL L	2a. Mailing Address N. 26 1620 ME	DICAL LNI	4. FEI Number 59-3053746	Applied For Not Applicable	
2. Principal Made of Business 21 600 MEDICAL L Suite, Apt. #, etc. 22 SUITE 0-6 City & State 23 FORT MYERS 24 33907 25 L 9. Name and Address	Suite, Apt #, etc. 27 SUITE	126	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 FORT MYERS	FL 28 FORT N	YERS, FL	Election Campaign Financing Trust Fund Contribution	S 5.00 May Be Added to Fees	
24 33907 25 LE	EE 29 33907	Country 30 LEE	8. This corporation has liability for in Florida Statutes Yes	X No	
9. Name and Address	of Current Registered Agent		10. Name and Address of New Ro	egistered Agent	
MATTINOLV DANKIV I		81 Name		i	
MATTINGLY, DANNY L.	82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)			
1411 S. GROVE AVENUE					
FORT MYERS FL 33919		83			
		84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Section	s 607.0502 and 607.1508, Florida Statute	s, the above-named corpora	ation submits this statement for the purp	oose of changing its registered office	
faminar with, and accept the obligation	ate of Florida. Such change was authorize ins of, Sectio n 60 7 0505, Florida Statutes.			intment as registered agent. I am	
S GNATURE Dan h Signature, types printed name of r 12. OFF	hubby DAN.	NY L. MAT t: Registered Agent signature required	TINGLY	2/17/96	
Styleste, typester printed harne of a	egistered agent as 100 flappilicable (NOT	t: Registered Agent signature required		DATE	
		13.	ADDITIONS/CHANGES TO OFFI		
MATTINGLY, DANNY	☐ DELETE	1. 1 TITLE	•	Change Addition	
14-777		1.2 NAME			
SINTE ADDRESS 1411 SOUTH GROV	E AVENUE	1.3 STREET ADDRESS			
City Styze FORT MYERS FL		1.4 CITY-ST-ZIP			
169	☐ DELFTE	2 1 TITLE		Change Addition	
NAME		2 2 NAME			
STEEL ADORESS		2 3 STREET ADDRESS			
CUTY - ST - ZIP		2 4 CITY - ST - ZIP			
#ITUF	DELETE	3 1 THILE		Change Addition	
NAME		3 2 NAME			
STREET ACORESS		3.3 STREET ADDRESS		İ	
UTY \$1.79		3 4 DITY-ST-ZIP			
FILE	DELETE	4. 1 TITLE		Change Addition	
NAMI		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY ST 762		4.4 CITY - ST - ZIP			
Tilef	☐ DELETE	5 1 TITLE		Change Addition	
NAME		5.2 NAME			
STREET ACCORESS		5 3 STREET ADDRESS			
City State		5 4 CITY-ST-ZIP			
104	DELETE	6 1 TiTLE		Change Addition	
NAMi		6 2 NAME			
STREET ACORESS		6.3 STREET ADDRESS			
Off S. 76		6.4 City-St-ZiP		Į.	
	n supplied with this filing is voluntarily furni		or the exemption stated in Section 119.0	07(3)(k), 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.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF RIGINING/OFFICER OR DIRECTOR DATE DATE DATE DATE DATE

CR2E034 (12/95)