

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S57465

(4)

1. Corporation Name

MMML ENTERPRISES INC.

95 MAR 27 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001442666

-03/29/95--01049--005

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**C/O WILLIAM WOLFSON
225 W. 34TH STREET
NEW YORK NY 10122**

**C/O WILLIAM WOLFSON
225 W. 34TH STREET
NEW YORK NY 10122**

3. Date Incorporated or Qualified 06/03/1991	3a. Date of Last Report 12/01/1994
4. FEI Number 22-2370451	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**WOLFSON, WILLIAM
- 1521 W. COPANS ROAD
- POMPANO BEACH FL 33064**

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 FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.060, Florida Statutes.

SIGNATURE

William Wolfson

Signature, typed or printed name of registered agent and date of appointment

Signature, typed or printed name of registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	UDELL, ARTHUR	1.2 NAME	
STREET ADDRESS	151 BAYSIDE DR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	ATLANTIC BCH NY	1.4 CITY, ST, ZIP	
TITLE	VPS	2.1 TITLE	☐ Change ☐ Addition
NAME	LEIBOWITZ, CHARLOTTE	2.2 NAME	
STREET ADDRESS	100 POST OFFICE RD	2.3 STREET ADDRESS	
CITY, ST, ZIP	WACCABUC NY	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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:

Arthur Udell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/95

Date

Signature (Print Name)