FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V62599** **(8)**

1. Corporation Name
M & R REAL ESTATE, FINANCING & MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
4790 N. POWERLINE RD. POMPANO BCH. FL 33073 US	4790 N. POWERLINE RD. POMPANO BCH. FL 33073 US

3. Date Incorporated or Qualified: 09/09/1992
3a. Date of Last Report: 06/30/1994

2. Principal Place of Business	2a. Mailing Address
21 1125 S. Flagler Ave.	26 1125 S. Flagler Ave.
Suite, Apt. #, etc. 22 # 519	Suite, Apt. #, etc. 27 Unit # 519
City & State 23 Pompano Beach, Fl	City & State 28 Pompano Beach, Fl
Zip / Country 24 33060 / 25 U.S.A.	Zip / Country 29 33060 / 30 U.S.A.

4. FEI Number: 65-0355059 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SALAMONE, CHRIS M. 4800 N. FEDERAL HWY. SUITE 106-D BOCA RATON FL 33431	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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.

SIGNATURE: [signature] Pres. Pres. 6.29.95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☑ Change ☐ Addition
NAME	CURRY, RANDALL S	1.2 NAME	
STREET ADDRESS	4790 N. POWERLINE RD.	1.3 STREET ADDRESS	1125 S. Flagler Ave Unit # 519
CITY-ST-ZIP	POMPANO BCH. FL	1.4 CITY-ST-ZIP	Pompano Bch., Fl 33060
TITLE	DVS	2.1 TITLE	☐ Change ☐ Addition
NAME	CURRY, MICHELE L G	2.2 NAME	
STREET ADDRESS	6618 BUENA VISTA	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	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 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.

SIGNATURE: [signature] Pres. Pres. 6.24.95 305 785-9707
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0118264 CP