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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 11 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V67796

(5)

M & M LABOR AND CONSTRUCTION MAINTENANCE, INC.

Principal Plac	ce of Business	Mailing Address			<del></del>					
5544 PEMBROKE RD. W. HLWD FL 33023		5544 PEMBROKE RD. W. HLWD FL. 33023				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
US	US									
						09/28/1992				ĺ
<u> </u>	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For	İ
Suffe, Apt. #, etc.		26 Suite Apt # eta	Suite, Apt. #, etc.			65-0368655			ot Applicable	
22		27				5. Certificate of Status Desired			Additional equired	
City & Stat	te	City & State				6. Election Campaign Financing			May Be	
Zip Country		<b>28</b>				Trust Fund Contribution  8. This corporation owes or has p	aid the curi		to Fees	
24	25	29	30			Personal Property Tax due Jun	е 30. 🛚 🖺	] Yes [	No	ļ
	9. Name and Address of Currer	nt Registered Agent		241		10. Name and Address of New R	egistered /	Agent		!
	OSS, WILLIAM A.			81 N	ame					1
4711 <b>S</b> W 19TH ST W H <b>OL</b> LYWOOD FL 33024				<b>82</b> St	reet Addre	Address (P.O. Box Number is Not Acceptable)				i
· ·				83						
				84 C	ity			<b>85 Z</b> ip	Code	
11 Pursuant	to the provisions of Sections 607.050	12 and 607 1508. Florida Statu	les the el	hove-na	med corno	viation submits this statement for the	FL nurose of	changing	te registered	l I
office or r	registered agent, or both, in the State are injiliar with, and accept the oblig-	of Florida. Such change was	authorized	d by the	corporation	on's board of directors. I hereby acce	ept the app	ointment as	registered	ı
i	~all I Wis-	wall 4.	)							
SIGNATURE	Continue, typed or printed narrie of ragistized age	estand tile dappisater (NO	1E Registered		nature required	d when reinstating)	DATE			5
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SIGNATURE	OF LICERS AND	estand tile dappisater (NO	1E Registered	d Agent sig	PP Mo	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO		4 (10/97)
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14. Thereby 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 trustoe 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 an attachment with an address.

\*\*\*150.00