

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V67796** (5)
1. Corporation Name
M & M LABOR AND CONSTRUCTION MAINTENANCE, INC.



Principal Place of Business 5544 PEMBROKE RD. W. HLWD FL 33023 US	Mailing Address 5544 PEMBROKE RD. W. HLWD FL 33023 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0368655	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOSS, WILLIAM A. 4711 SW 19TH ST W HOLLYWOOD FL 33024		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 607.1508, 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  DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, WILLIAM A.	1.2 NAME	MOSS, MARION E.
STREET ADDRESS	4711 SW 19TH ST	1.3 STREET ADDRESS	4711 SW 19th Street
CITY-ST-ZIP	W HOLLYWOOD FL	1.4 CITY-ST-ZIP	W HOLLYWOOD, FL 33023
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, MARIAN E.	2.2 NAME	MOSS JR, WILLIAM A.
STREET ADDRESS	4711 SW 19TH ST	2.3 STREET ADDRESS	4711 SW 19th Street, Hollywood, FL
CITY-ST-ZIP	W HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, WILLIAM A., JR.	3.2 NAME	MOSS, ANGENE C.
STREET ADDRESS	4711 SW 19TH ST	3.3 STREET ADDRESS	4711 SW 19th Street
CITY-ST-ZIP	W HOLLYWOOD FL	3.4 CITY-ST-ZIP	Hollywood, FL 33023
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	MOSS, WILLIAM A.
STREET ADDRESS		4.3 STREET ADDRESS	4711 SW 19th Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hollywood, FL 33023
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 

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