

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90001 050 ***550.50

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V67796			
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	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 5544 Pembroke Rd.		3. Date Incorporated or Qualified 09/28/1992	
2a. Mailing Address 26 5544 Pembroke Rd.		4. FEI Number 65-0368655	
Suite, Apt. #, etc.		Applied For Not Applicable	
22		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 W. HLWD FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33021		Country 25 Broward	
City & State 26 W. HLWD FL		7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 27 33021		Country 28 Broward	
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 Marian E. Moss 82 Street Address (P.O. Box Number is Not Acceptable) 5250 S-W 21st St 83 84 City W. HLWD FL 85 Zip Code 33023	
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 Marian E. Moss President Marian E. Moss Aug 13, 1999 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 NAME STREET ADDRESS CITY-ST-ZIP	DM MOSS, WILLIAM A. 4711 SW 19TH ST W HOLLYWOOD FL 33023	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSS, MARIAN E. 4711 SW 19TH ST W HOLLYWOOD FL 33023	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOSS, WILLIAM A., JR. 4711 SW 19TH ST W HOLLYWOOD FL 33023	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOSS, ANGENE C. 4711 SW 19TH ST W HOLLYWOOD FL 33023	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Marian E. Moss		August 2 1999 (954) 961-9246	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (5/99)