

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **551005** (2)
 1. Corporation Name
THE 6-M COMPANY



Principal Place of Business Mailing Address
P.O. BOX 555237 ORLANDO FL 32855-2237 **P.O. BOX 555237 ORLANDO FL 32855-2237**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/08/1977	05/01/1995
22. Suite, Apt. #, etc		27. Suite, Apt. #, etc		4. FEI Number	Applied For
22		27		59-2473229	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
MORALL, BEN, JR. 206 MORTON LANE WINTER SPRINGS FL 32708				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MORALL, DORIS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALL, DORIS	1.2 NAME	
STREET ADDRESS	206 MORTON LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	VPO MORALL, BEN JR. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALL, BEN JR.	2.2 NAME	
STREET ADDRESS	206 MORTON LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	SD MORALL, DENIYA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALL, DENIYA	3.2 NAME	
STREET ADDRESS	6266 WHISPERING WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	TD MORALL, WENDELYN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALL, WENDELYN	4.2 NAME	
STREET ADDRESS	206 MORTON LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	D MORALL, MONICA <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALL, MONICA	5.2 NAME	
STREET ADDRESS	206 MORTON LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE	D MORALL, BEN III <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALL, BEN III	6.2 NAME	
STREET ADDRESS	206 MORTON LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL	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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doris S. Morall* *7/30/96* *407-645-0481*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (3/96)