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**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: P.O. BOX 655237 ORLANDO FL 32855-2377
Mailing Address: P.O. BOX 555237 ORLANDO FL 32855-5237

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 11/08/1977
3a. Date of Last Report: 08/05/1996
4. FEI Number: 59-2473229
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MORALL, BEN, JR.
206 MORTON LANE
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **5222 N. Orange Blossom Tr., # 202**
83
84 City: **Orlando** FL 85 Zip Code: **32810**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALL, DORIS	1.2 NAME	
STREET ADDRESS	206 MORTON LANE	1.3 STREET ADDRESS	5222 N. Orange Blossom Tr., # 202
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALL, BEN JR.	2.2 NAME	
STREET ADDRESS	206 MORTON LANE	2.3 STREET ADDRESS	5222 N. Orange Blossom Tr., # 202
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALL, DENIYA	3.2 NAME	
STREET ADDRESS	6206 WHISPERING WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALL, WENDELYN	4.2 NAME	
STREET ADDRESS	206 MORTON LANE	4.3 STREET ADDRESS	5222 N. Orange Blossom Tr., # 202
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALL, MONICA	5.2 NAME	
STREET ADDRESS	206 MORTON LANE	5.3 STREET ADDRESS	5222 N. Orange Blossom Tr., # 202
CITY-ST-ZIP	WINTER SPRINGS FL	5.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALL, BEN III	6.2 NAME	
STREET ADDRESS	206 MORTON LANE	6.3 STREET ADDRESS	5222 N. Orange Blossom Tr., # 202
CITY-ST-ZIP	WINTER SPRINGS FL	6.4 CITY-ST-ZIP	Orlando, FL 32810

14. I do 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: _____ DATE: _____

CR2E034 (9/96)