

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Wadsworth
Secretary of State
CORPORATION OF FLORIDA STATE 215

APPROVED
NO
FEE

DOCUMENT # **P94000034731 (7)**

M2Q BOTTOMLINES, INC.

05/09/1994

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2. Principal Office of Corporation: **38 VALENCIA ST
PONTE VEDRA BEACH FL 32082**
3. Mailing Address: **38 VALENCIA ST
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (If Amended) **05/09/1994** 3a. Date of Last Report

21. Principal Office of Subsidiary: 26. Mailing Address: 4. F.I. Number: **59-3243983**

Applied For
Not Applicable

22. State Apt. #. 27. State Apt. #. 5. Certificate of Status Desired \$8.75 Additional Fee Required

23. City & State. 28. City & State. 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. 25. 29. 30. 8. The corporation has liability for intangible tax under s. 199.05, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**HETTINGER, GLENN D
38 VALENCIA ST
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent
B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City **FL** B5. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1108, Florida Statutes, this 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS

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DPT NAME: HETTINGER, GLENN D STREET ADDRESS: 38 VALENCIA ST CITY, STATE, ZIP: PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVS NAME: HETTINGER, JEAN R STREET ADDRESS: 38 VALENCIA ST CITY, STATE, ZIP: PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME: STREET ADDRESS: CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 199.05, Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. That this is a call or notice for the removal or the removal of funds received to meet the requirements of s. 199.05, Florida Statutes, and that my name appears in block 12 or block 13 of this filing.

SIGNATURE: 4/30/95 904/273-3039