

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

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**Feb 21 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 # P96000004634 (7)**

**1. Corporation Name  
M2 BUSINESS TECHNOLOGY, INC.**



**Principal Place of Business  
1220 DOUGLAS AVE  
SUITE 205  
LONGWOOD FL 32779**

**Mailing Address  
1220 DOUGLAS AVE  
SUITE 205  
LONGWOOD FL 32779-5031**

|  |                                       |
|--|---------------------------------------|
| <b>3. Date Incorporated or Qualified</b><br>01/11/1996   | <b>3a. Date of Last Report</b>        |
| <b>4. FEI Number</b><br>59-3356300   | <b>Applied For</b><br>Not Applicable  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |
| <b>8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                       |                               |
|---------------------------------------|-------------------------------|
| <b>2. Principal Place of Business</b> | <b>2a. Mailing Address</b>    |
| <b>21</b> Suite, Apt. #, etc.         | <b>26</b> Suite, Apt. #, etc. |
| <b>22</b> City & State                | <b>27</b> City & State        |
| <b>23</b> Zip                         | <b>28</b> Zip                 |
| <b>24</b> Country                     | <b>29</b> Country             |
| <b>25</b>                             | <b>30</b>                     |

**9. Name and Address of Current Registered Agent**

**FOUNTAIN, DENNIS F  
815 ORIENTA AVE  
SUITE 5  
ALTAMONTE SPRINGS FL 32701**

**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:** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                       |                                   |  |
|-----------------------|-----------------------------------|--|
| <b>TITLE</b>          | <b>D</b>                          | <input checked="" type="checkbox"/> DELETE |
| <b>NAME</b>           | <b>FOUNTAIN, DENNIS F</b>         |  |
| <b>STREET ADDRESS</b> | <b>815 ORIENTA AVE SUITE 5</b>    |  |
| <b>CITY-ST-ZIP</b>    | <b>ALTAMONTE SPRINGS FL 32709</b> |  |
| <b>TITLE</b>          |                                   | <input type="checkbox"/> DELETE            |
| <b>NAME</b>           |                                   |  |
| <b>STREET ADDRESS</b> |                                   |  |
| <b>CITY-ST-ZIP</b>    |                                   |  |
| <b>TITLE</b>          |                                   | <input type="checkbox"/> DELETE            |
| <b>NAME</b>           |                                   |  |
| <b>STREET ADDRESS</b> |                                   |  |
| <b>CITY-ST-ZIP</b>    |                                   |  |
| <b>TITLE</b>          |                                   | <input type="checkbox"/> DELETE            |
| <b>NAME</b>           |                                   |  |
| <b>STREET ADDRESS</b> |                                   |  |
| <b>CITY-ST-ZIP</b>    |                                   |  |
| <b>TITLE</b>          |                                   | <input type="checkbox"/> DELETE            |
| <b>NAME</b>           |                                   |  |
| <b>STREET ADDRESS</b> |                                   |  |
| <b>CITY-ST-ZIP</b>    |                                   |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                           |                                    |  |
|---------------------------|------------------------------------|--|
| <b>1.1 TITLE</b>          | <del>MANAGER</del> <b>RESIDENT</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>1.2 NAME</b>           | <b>MARLYN D FOLSING</b>            |  |
| <b>1.3 STREET ADDRESS</b> | <b>1220 DOUGLAS AVE, STE 207</b>   |  |
| <b>1.4 CITY-ST-ZIP</b>    | <b>LONGWOOD FL 32779</b>           |  |
| <b>2.1 TITLE</b>          | <b>SECRETARY</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>2.2 NAME</b>           | <b>JUDY A RANKIN</b>               |  |
| <b>2.3 STREET ADDRESS</b> | <b>1220 DOUGLAS AVE STE 207</b>    |  |
| <b>2.4 CITY-ST-ZIP</b>    | <b>LONGWOOD FL 32779</b>           |  |
| <b>3.1 TITLE</b>          | <b>TREASURER</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>3.2 NAME</b>           | <b>SUSAN H CHOCOLA</b>             |  |
| <b>3.3 STREET ADDRESS</b> | <b>1220 DOUGLASS AVE STE 207</b>   |  |
| <b>3.4 CITY-ST-ZIP</b>    | <b>LONGWOOD FL 32779</b>           |  |
| <b>4.1 TITLE</b>          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>4.2 NAME</b>           |                                    |  |
| <b>4.3 STREET ADDRESS</b> |                                    |  |
| <b>4.4 CITY-ST-ZIP</b>    |                                    |  |
| <b>5.1 TITLE</b>          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>5.2 NAME</b>           |                                    |  |
| <b>5.3 STREET ADDRESS</b> |                                    |  |
| <b>5.4 CITY-ST-ZIP</b>    |                                    |  |
| <b>6.1 TITLE</b>          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>6.2 NAME</b>           |                                    |  |
| <b>6.3 STREET ADDRESS</b> |                                    |  |
| <b>6.4 CITY-ST-ZIP</b>    |                                    |  |

**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:** *Susan H Chocola* **SUSAN H CHOCOLA** 2/17/97 407-869-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)