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

PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000966 (9) THE 2M GROUP, INC.							
Principal Place of Business Mailing Address					- I nasiura inia länia anini aenii atiil banu	4010: 00401 00444 #BNO	DIAGO DISI ADDI
20163 US HWY 19 N. SUITE 303 CLEARWATER FL 34621		28163 US HWY 19 N. SUITE 303 CLEARWATER FL 34621-26:					
_					 Date Incorporated or Qualified 02/26/1996 	3a. Date of Las	st Report
2. Principal Place of Business		2a. Mailing Address					Applied For
Suite Apt. #. etc.		26					Not Applicable
	#, eic.	Suite, Apt. #, ctc.			5. Certificate of Status Desired	1 1	5 Additional Required
City & State	е.	City & State			C Classica Consider Classica		
23		28	├ ¬ '		Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes	intangible tax unde Yes 🔲 No	er s. 19 9.032,
24]	g. Name and Address of C		30]		10. Name and Address of New Re		
WOLFE, LARRY				Name			
200-A JOHN KNOX ROAD			82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
TALL	LAHASSEE FL 32303-6643		83				
			84	City		FL 85 2	Zip Code
44 Dureugnt	to the provisions of Spotions 60	7 0502 and 607 1508. Florida Statut	e the abov	n-named co	rporation submits this statement for the p		on its ranistored
office or r	registered agent, or both, in the	State of Florida, Such change was a obligations of, Section 607.0505, Flo	uthorized by	/ the corpor	ation's board of directors. I hereby accep	of the appointment	as registered
SIGNATURE	Signature, typed or printed name of registe	red agent and title if applicable (NOTE	L: Reg stered Age	ont signature (eq	uired when reinslathg)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	CP	DELETE	1.1 TITLE			Chan	ge 🔲 Acdition
NAME	MCGAHEE, MICHAEL		1.2 NAME	18	502 midnight Pass	vay	ľ
STREET ADDRESS	DUNCOIN FL 94096		1.3 STREET 1.4 C(TY - 5	AUDRESS	leaventer EL 34/	2 5	
CITY-ST-ZIP TITLE	VSTD	DELETE	2.1 TITLE	S1-21P	1000 1000 11 10 240	Chan	ge Addition
NAME	MCGAHEE, DENISE		2.2 NAME		na salan salat Da ca	ر داد	
STREET ADDRESS	1915 FARWAY DR		2.3 STREET	NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 34625 TITLE NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 34625 CITY-ST-ZIP CLEARWATER, FL 34625 CITY-ST-ZIP CLEARWATER, FL 34625 CHANGE CHANG		1	
CITY-ST-ZIP	BUNEDIN FL 84698		2 4 CITY-ST-ZIP		learwater FL 340	25	
TITLE		DELETE	31 TITLE			Chan	ge 🔲 Addition
NAME		•	3.2 NAME				į
STREET ADDRESS	:		3.3 STREET	ADDRESS			
CITY+ST-ZIP			3.4. CITY~	ST-ZIP			-
TITLE		DELETE	4.1 TITLE	ľ		Chan	ge [] Addition
NAME OTRECT ADDRESS			4. 2 NAME	ADDDECC			j
STREET ADDRESS			4.9 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Chan	ge Addition
NAME			5.2 NAME				
STREET ADORESS			5.3 STREET	ADDRESS]
CITY-ST-ZIP			5.4 CITY - S	ì			İ
TITLE		☐ DELETE	6 1 TITLE			Chan	ge Addition
NAME			6.2 NAME	İ			
STREET ADDRESS			6 3 STREET	ADDRESS			İ
CITY-ST-ZIP			6.4 CITY - S	31 - 2 (P			

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.