

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

FILED

May 15 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 # P93000022840 (1)

1. Corporation Name  
M-2 PARTNERS, INC.



Principal Place of Business  
5551 RIDGEWOOD DR.  
SUITE 203  
NAPLES FL 33963

Mailing Address  
5551 RIDGEWOOD DR.  
SUITE 203  
NAPLES FL 34108-2733

3. Date Incorporated or Qualified  
03/19/1993

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0399132

Applied For  
Not Applicable

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

~~MACKIE, PAMELA G~~  
~~5551 RIDGEWOOD DR.~~  
~~SUITE 201~~  
~~NAPLES FL 33963~~

10. Name and Address of New Registered Agent

81 Name  
G. HELEN ATHAN

82 Street Address (P.O. Box Number is Not Acceptable)  
5551 RIDGEWOOD DRIVE

83 SUITE # 501

84 City  
NAPLES

85 Zip Code  
FL 34108

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CORACE, RICHARD F	
STREET ADDRESS	5551 RIDGEWOOD DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	<del>DVS</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>HIGH, TOM M</del>	
STREET ADDRESS	<del>5551 RIDGEWOOD DR.</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GERALD F. GRIFFIN	
3.3 STREET ADDRESS	5551 RIDGEWOOD DRIVE, STE 203	
3.4 CITY-ST-ZIP	NAPLES, FL 34108	
4.1 TITLE	VP'S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KEITH A. SHARPE	
4.3 STREET ADDRESS	5551 RIDGEWOOD DRIVE, STE 203	
4.4 CITY-ST-ZIP	NAPLES, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/13/97

CR2E034 (9/96)