

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000034485 (0)**

1. Corporation Name

**M2 TRANSPORTATION CORPORATION**



Principal Place of Business

Mailing Address

10720 74TH AVE N  
SUITE E  
SEMINOLE FL 33642

10720 74TH AVE N  
SUITE E  
SEMINOLE FL 33642

3. Date Incorporated or Qualified  
**05/06/1994**

3a. Date of Last Report  
**08/03/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**APPLIED FOR**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$6.75 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

10. Name and Address of New Registered Agent

**TROKE, ROBERT G  
10720 74TH AVE N  
SUITE E  
SEMINOLE FL 33642**

81 Name

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

83

84 City

**FL**

85 Zip Code

17. 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, a director, officer, or

agent. Registered Agent Signature (if other than the filing agent)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>TROKE, ROBERT G</b>	
STREET ADDRESS	<b>10720 74TH AVE N STE E</b>	
CITY - ST - ZIP	<b>SEMINOLE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLKINS, JEFFREY L</b>	
STREET ADDRESS	<b>1300 GLENSHIRE AVE</b>	
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	
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		

1. TITLE	<b>ROBERT G. TROKE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
2. TITLE	<b>WOLKINS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2. STREET ADDRESS		
2. CITY - ST - ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY - ST - ZIP		
4. TITLE	<b>200001786242</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	<b>-04/18/96--01114--002</b>	
4. STREET ADDRESS	<b>***200.00</b>	
4. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY - ST - ZIP		

SIGNATURE:

**JEFFREY WOLKINS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/96**

**812-786-3488**  
Daytime Phone #

CR2E034 (12/95)