

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

FILED

May 15 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # V70239 (1)

1. Corporation Name  
M-1 PARTNERS, INC.

|  |   |
|--|---|
| Principal Place of Business<br>5551 RIDGEWOOD DR<br>SUITE 203<br>NAPLES FL 33963 | Mailing Address<br>5551 RIDGEWOOD DR<br>SUITE 203<br>NAPLES FL 34108-2733 |
|--|---|



|                                |  |                         |  |   |  |                                       |  |
|--------------------------------|--|-------------------------|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address     |  | 3. Date Incorporated or Qualified<br>10/06/1992   |  | 3a. Date of Last Report<br>05/01/1996 |  |
| 21. Suite, Apt. #, etc.        |  | 26. Suite, Apt. #, etc. |  | 4. FEI Number<br>65-0361889   |  | Applied For<br>Not Applicable         |  |
| 22. City & State               |  | 27. City & State        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  | \$8.75 Additional Fee Required        |  |
| 23. Zip                        |  | 28. Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | \$5.00 May Be Added to Fees           |  |
| 24. Country                    |  | 29. Country             |  | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> |  | Yes <input type="checkbox"/> No       |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br>MACKIE, PAMELA S<br>5551 RIDGEWOOD DR<br>SUITE 201<br>NAPLES FL 33963 |  |  |  | 10. Name and Address of New Registered Agent<br>81. Name<br>G. HELEN ATHAN<br>82. Street Address (P.O. Box Number is Not Acceptable)<br>5551 RIDGEWOOD DRIVE<br>83. SUITE 501<br>84. City<br>NAPLES<br>85. Zip Code<br>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: *G. Helen Athan* (NOTE: Registered Agent signature required when reinstating) DATE:

| 12. OFFICERS AND DIRECTORS |                                 |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                               |  |  |
|----------------------------|---------------------------------|--|--|---|-------------------------------|--|--|
| TITLE                      | PTSD                            | <input type="checkbox"/> DELETE            |  | 1.1 TITLE   | T                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | CORACE, RICHARD F               |  |  | 1.2 NAME  |                               |  |  |
| STREET ADDRESS             | 5551 RIDGEWOOD DRIVE, SUITE 203 |  |  | 1.3 STREET ADDRESS                                    |                               |  |  |
| CITY-ST-ZIP                | NAPLES FL                       |  |  | 1.4 CITY-ST-ZIP                                       |                               |  |  |
| TITLE                      | <del>VSB</del>                  | <input checked="" type="checkbox"/> DELETE |  | 2.1 TITLE   |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <del>HIGH, TOM M</del>          |  |  | 2.2 NAME  |                               |  |  |
| STREET ADDRESS             | 5551 RIDGEWOOD DRIVE, SUITE 203 |  |  | 2.3 STREET ADDRESS                                    |                               |  |  |
| CITY-ST-ZIP                | NAPLES FL                       |  |  | 2.4 CITY-ST-ZIP                                       |                               |  |  |
| TITLE                      | D                               | <input type="checkbox"/> DELETE            |  | 3.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | MCARDLE, DAVID                  |  |  | 3.2 NAME  |                               |  |  |
| STREET ADDRESS             | 5551 RIDGEWOOD DR, STE. 203     |  |  | 3.3 STREET ADDRESS                                    |                               |  |  |
| CITY-ST-ZIP                | NAPLES FL                       |  |  | 3.4 CITY-ST-ZIP                                       |                               |  |  |
| TITLE                      |                                 | <input type="checkbox"/> DELETE            |  | 4.1 TITLE   | DVP S                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                                 |  |  | 4.2 NAME  | KEITH A. SHARPE               |  |  |
| STREET ADDRESS             |                                 |  |  | 4.3 STREET ADDRESS                                    | 5551 RIDGEWOOD DRIVE, STE 203 |  |  |
| CITY-ST-ZIP                |                                 |  |  | 4.4 CITY-ST-ZIP                                       | NAPLES, FL                    |  |  |
| TITLE                      |                                 | <input type="checkbox"/> DELETE            |  | 5.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                 |  |  | 5.2 NAME  |                               |  |  |
| STREET ADDRESS             |                                 |  |  | 5.3 STREET ADDRESS                                    |                               |  |  |
| CITY-ST-ZIP                |                                 |  |  | 5.4 CITY-ST-ZIP                                       |                               |  |  |
| TITLE                      |                                 | <input type="checkbox"/> DELETE            |  | 6.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                 |  |  | 6.2 NAME  |                               |  |  |
| STREET ADDRESS             |                                 |  |  | 6.3 STREET ADDRESS                                    |                               |  |  |
| CITY-ST-ZIP                |                                 |  |  | 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0413067

CR2E034 (9/96)