

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90150 037 \*\*\*150.00

0107156

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 551005**

1. Corporation Name  
**THE 6-M COMPANY**



Principal Place of Business  
 P.O. BOX 555237  
 ORLANDO FL 32855-2237

Mailing Address  
 P.O. BOX 555237  
 ORLANDO FL 32855-2237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/08/1977**

4. FEI Number  
**59-2473229**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 [ ] 22 [ ] 23 [ ] 24 [ ]

2a. Mailing Address

26 [ ] 27 [ ] 28 [ ] 29 [ ] 30 [ ]

25 [ ] 29 [ ]

9. Name and Address of Current Registered Agent

**MORALL, BEN, JR.**  
**6266 WHISPERING WAY**  
**ORLANDO FL 32807**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORALL, DORIS	
STREET ADDRESS	6266 WHISPERING WAY	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MORALL, BEN JR.	
STREET ADDRESS	6266 WHISPERING WAY	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORALL, DENIYA	
STREET ADDRESS	6266 WHISPERING WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORALL, WENDELYN	
STREET ADDRESS	5112 CONROY RD, SUITE 322	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORALL, MONICA	
STREET ADDRESS	5112 CONROY RD, SUITE 322	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORALL, BEN III	
STREET ADDRESS	6266 WHISPERING WAY	
CITY-ST-ZIP	ORLANDO FL 32807	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	v/d	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Morall, Doris	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Morall, Ben Jr.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: *Doris S. Morall* ED3531SR Morall, 4/29/99, 407-277-1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)