

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 12:12

DOCUMENT # P93000010923 (9)

1. Corporation Name  
**THE M3 PORTFOLIO, INC.**

Principal Place of Business: **23 BAYVIEW ROAD TEQUESTA FL 33469**  
Mailing Address: **23 BAYVIEW ROAD TEQUESTA FL 33469**

PLEASE WRITE IN THIS SPACE

9. Date first incorporated or qualified: **02/05/1993** 3a. Date of Last Report: **02/08/1994**  
4. FID Number: **65-0388646** Applied For:  Not Applied For:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under 55, 1993 (332, Florida Statutes):  Yes  No

2. Principal Place of Business: **23 BAYVIEW ROAD TEQUESTA FL 33469**  
2a. Mailing Address: **23 BAYVIEW ROAD TEQUESTA FL 33469**  
21. Name, Apt. # etc.: **23 BAYVIEW ROAD**  
22. City & State: **TEQUESTA FL**  
23. Zip: **33469** Country: **USA**  
24. Zip: **33469** Country: **USA**

**9. Name and Address of Current Registered Agent**

**MCCORMICK, MOLLY M  
23 BAYVIEW ROAD  
TEQUESTA FL 33469**

**10. Name and Address of New Registered Agent**

B1. Name: \_\_\_\_\_  
B2. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3. \_\_\_\_\_  
B4. City: \_\_\_\_\_ FL B5. Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Registered Agent (must be printed and typed in block letters)

Signature of New Registered Agent (must be printed and typed in block letters)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	MCCORMICK, MOLLY M	23 BAYVIEW ROAD	TEQUESTA FL 33469

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

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(k), Florida Statutes. I further certify that this information included 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, and that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 1, 3 of changed, or on an attachment with an address.

SIGNATURE: *Molly Moore McCormick* 2/8/95 (407) 743-6728  
MOLLY MOORE MCCORMICK