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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026169 (9)

M2 TECHNOLOGIES, INC.

FILED May 08 1998 8:00am Secretary of State

|--|--|

 ∮				
Principal Place of Business	Mailing Address		1 LOGITO DE LIM SEMEN ANTIL AGUIL OBJIL ODINO A	INTERNITORIO NATIONALISTA
### 5235 RAMSEY WAY, SUITE 17 5235 RAMSEY WAY, SUITE 17 FT. MYERS FL 33907 FT. MYERS FL 33907		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified	
2. Principal Place of Business	La- Moiling Addrson		04/03/1995	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0569164	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zφ	Country	8. This corporation owes or has paid the c	
24 25 25 Name and Address of Curre	29 Agent	30]	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
FOX, MORRIS B		81 Name		
4020 DEL PRADO BLVD., SOUTH,	SLIITE A.1	DO CHOOL A	(DO Box Marker in Not Assessed in	
CAPE CORAL FL 33904		iress (P.O. Box Number is Not Acceptable)		
		83		
,		84 City		85 Zip Code
			F	_
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE	ations of, Section 607.0505, Flo	orida Statutes.		opointment as registered
Signativie: typed or printed name of regislated ag OFFICERS AN	ont and title it applicable (NOTI	Fregistered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ID DIRECTORS IN 12
TITLE DP	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS AI	Change Addition
NAME MORRIS, JANET		1.2 NAME		
STREET ADDRESS 498 ELLIOTT ROAD		1.3 STREET ADDRESS		
CENTERVILLE MA 02632		1.4 CITY - ST - ZIP		
TITLE DST	☐ DELETE	21 TITLE		Change Addition
MORRIS, CHRISTOPHER		22 NAME		
STREET ADDRESS 498 ELLIOTT ROAD		2.3 STREET ADDRESS	· ·	
CITY-ST-ZIP CENTERVILLE MA 02632	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
MANE		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		{
CATY-ST-ZIP		4.4 CITY-ST-ZIP		
··mLe	☐ DELETE	5.1 TITLE		Change Addition
NAME.		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		,
CITY-ST-ZIP TITLE	DELETE	54 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	tal petrit	6.2 NAME		C cuange C Addition
STREET ADDRESS		6.3 STREET ADDRESS		
OTY-ST-ZIP		6.4 CITY-ST-ZIP		İ
14. I hereby certify that the information supplied w	ith this filing does not qualify fo		Section 119.07(3)(i), Florida Statutes. I further	certify that the information

or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attractive of with an address.