

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

FILED

**May 15 1997 8:00am
Secretary of State**

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

DOCUMENT # V70239 (1)
1. Corporation Name
M-1 PARTNERS, INC.



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

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/06/1992 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0361889 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt #, etc. | 26. Suite, Apt #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. 34108 | 29. 34108 |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

MACKIE, PAMELA S
5551 RIDGEWOOD DR
SUITE 201
NAPLES FL 33963

10. Name and Address of New Registered Agent

81. Name
G. HELEN ATHAN

82. Street Address (P.O. Box Number is Not Acceptable)
5551 RIDGEWOOD DRIVE

83. **SUITE 501**

84. City
NAPLES

85. Zip Code
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

| | | |
|-----------------|--|--|
| TITLE | PTSD | <input type="checkbox"/> DELETE |
| NAME | CORACE, RICHARD F | |
| STREET ADDRESS | 5551 RIDGEWOOD DRIVE, SUITE 203 | |
| CITY - ST - ZIP | NAPLES FL | |
| TITLE | VSB | <input checked="" type="checkbox"/> DELETE |
| NAME | HIGH, TOM M | |
| STREET ADDRESS | 5551 RIDGEWOOD DRIVE, SUITE 203 | |
| CITY - ST - ZIP | NAPLES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCARDLE, DAVID | |
| STREET ADDRESS | 5551 RIDGEWOOD DR, STE. 203 | |
| CITY - ST - ZIP | NAPLES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|--------------------------------------|--|
| 1.1 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 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 | D VP S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | KEITH A. SHARPE | |
| 4.3 STREET ADDRESS | 5551 RIDGEWOOD DRIVE, STE 203 | |
| 4.4 CITY - ST - ZIP | NAPLES, FL | |
| 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 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 #

CR2E034 (9/96)