

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

0457876

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90157 019 \*\*\*317.50

PROFIT CORPORATION ANNUAL REPORT 1999



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

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

Principal Place of Business: 5551 RIDGEWOOD DR SUITE 203 NAPLES FL 34108 US  
 Mailing Address: 5551 RIDGEWOOD DR SUITE 203 NAPLES FL 34108 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1992  
 4. FEI Number: 65-0361889 Applied For:  Not Applicable  
 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

9. Name and Address of Current Registered Agent: ATHAN, G H, 5551 RIDGEWOOD DRIVE, STE #501, NAPLES FL 34108  
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD CORACE, RICHARD F <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTSD Sharpe, Keith A. <input checked="" type="checkbox"/> Change <input 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	DVPS SHARPE, KEITH A <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVPS Corace, Richard F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPE, KEITH A	2.2 NAME	
STREET ADDRESS	5551 RIDGEWOOD DRIVE, #203	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
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	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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; that 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, upon an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)