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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N94000000477 (9)**

1. Corporation Name

FLORIDA MANUFACTURING EXTENSION PARTNERSHIP, INC

Principal Place of Business	Mailing Address
200 S. ORANGE AVE. SUITE 1205 ORLANDO FL 32801 US	200 S ORANGE AVE SUITE 2700 ORLANDO FL 32801-3410 US

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report: 05/17/1996

2. Principal Place of Business
21 390 North Orange Ave.
Suite, Apt. #, etc.
22 Suite 1300
City & State
23 Orlando FL
Zip 24 32801 Country 25 US

2a. Mailing Address
26 390 North Orange Ave.
Suite, Apt. #, etc.
27 Suite 1300
City & State
28 Orlando FL
Zip 29 32801 Country 30 US

4. FEI Number: 59-3234349 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PAGE, THOMAS P
200 S. ORANGE AVE.
SUITE 1205
ORLANDO FL 32801

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 617.0502 and 617.1508, 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 617.0503, 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	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BREITENFELD, JIM		1.2 NAME	KORCHAK, RICHARD	
STREET ADDRESS	1170 MARTIN LUTHER KING, JR. BLVD.		1.3 STREET ADDRESS	390 North Orange Avenue Suite 1300	
CITY-ST-ZIP	FORT WALTON BEACH FL		1.4 CITY-ST-ZIP	Orlando, FL	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOETSCH, DAVID		2.2 NAME		
STREET ADDRESS	1170 FREEDOM WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	URBIGH, GLENN		3.2 NAME	URBISH, GLENN	spelling corr.
STREET ADDRESS	8000 W. SUNRISE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WITHEROW, JOHN		4.2 NAME		
STREET ADDRESS	10112 USA TODAY WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		4.4 CITY-ST-ZIP		
TITLE	DPS	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BRUNDAGE, WILLIAM G		5.2 NAME	ALEXANDRIS, TOM	
STREET ADDRESS	200 S. ORANGE AVE., #1200		5.3 STREET ADDRESS	12167 49th STREET NORTH	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	CLEARWATER, FL	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRASHEARS, DAVID		6.2 NAME		
STREET ADDRESS	5201 N. ORANGE BLOSSOM TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RICHARD KORCHAK _____ 3/10/97 (407) 316-4619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0015897