

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # S27672 (2)**  
1. Corporation Name

**MANCUM CORPORATION**



Principal Place of Business: **380 S STATE ROAD 434 SUITE 1018 ALTAMONTE SPRINGS FL 32714-1221**  
Mailing Address: **380 S STATE ROAD 434 SUITE 1018 ALTAMONTE SPRINGS FL 32714-1221**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt #, etc: **22**  
City & State: **27**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **01/24/1991** 3a. Date of Last Report: **08/10/1995**  
4. FEI Number: **59-3051053** 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  
**ARONOFF, LEN  
101 E. LAUREN ~~CT~~ LAUREN CT  
PERN FREN PARK FL 32730**

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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RUTH GARCIA	
STREET ADDRESS	1185 ASHUM DR	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DENNIS W. POWELL	
STREET ADDRESS	246 AFTON SQUARE APT 104	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32904	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JOSEPH H. CARLSON ST	
STREET ADDRESS	831 KENSINGTON ST	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EMILY CUMMINGS	
STREET ADDRESS	6615 YUCATAN DR	
CITY-ST-ZIP	ORLANDO FL 32807	
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	C/D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUTHEGRACIA	
1.3 STREET ADDRESS	1185 Ashlyn Drive	
1.4 CITY-ST-ZIP	W. Melbourne FL 32904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSEPH H. CARLSON	
3.3 STREET ADDRESS	831 KENSINGTON ST	
3.4 CITY-ST-ZIP	LAKELAND FL 33803	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EMILY CUMMINGS	
4.3 STREET ADDRESS	6615 YUCATAN DR	
4.4 CITY-ST-ZIP	ORLANDO FL 32807	
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	500001931005	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-08/23/96--01067--032	
6.3 STREET ADDRESS	***383.75	
6.4 CITY-ST-ZIP		

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 199.032(3), 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: Joseph H. Carlson **JOSEPH H. CARLSON** 8/17/96 407/788-4599  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)