

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 OCT 16 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



REINSTATEMENT 9/700

Principal Place of Business: **380 S STATE ROAD 434 SOUTH SUITE 1018 ALTAMONTE SPRINGS FL 32714-1221**
Mailing Address: **380 S STATE ROAD 434 SOUTH SUITE 1018 ALTAMONTE SPRINGS FL 32714-3863**

3. Date Incorporated or Qualified: **01/24/1991**
3a. Date of Last Report: **08/23/1996**
4. FEI Number: **59-3051053**
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

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

9. Name and Address of Current Registered Agent
ARONOFF, LEN
101 E. LAVERN CT - 101 E. LAUREN CT.
FERN 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: *[Signature]* DATE: **10/13/97**

12. OFFICERS AND DIRECTORS

TITLE	CDV	<input type="checkbox"/> DELETE
NAME	RUTH GARCIA	
STREET ADDRESS	1185 ASHIUM DR	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOSEPH H. CARLSON ST	
STREET ADDRESS	631 KENSINGTON ST	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	SD	<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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	900002324619--3
2.4 CITY-ST-ZIP	-10/20/97--01139--010
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	****758.75
3.3 STREET ADDRESS	****758.75
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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]* DATE: **10/13/97** **401/700-4599**

CR2E034 (9/96)