

**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  
ALTA MONTE SPRINGS FL 32714-1221**

Mailing Address  
**380 S STATE ROAD 434 SOUTH  
SUITE 1018  
ALTA MONTE SPRINGS FL 32714-3863**

3. Date Incorporated or Qualified <b>01/24/1991</b>	3a. Date of Last Report <b>08/23/1996</b>
4. FEI Number <b>59-3051053</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	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
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**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>CDV RUTH GARCIA</b>
STREET ADDRESS	<b>1185 ASHIUM DR</b>
CITY-ST-ZIP	<b>W. MELBOURNE FL 32904</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD JOSEPH H. CARLSON ST</b>
STREET ADDRESS	<b>631 KENSINGTON ST</b>
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD EMILY CUMMINGS</b>
STREET ADDRESS	<b>6615 YUCATAN DR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>
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	<b>900002324619--3</b>
2.4 CITY-ST-ZIP	<b>-10/20/97--01139--010</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>****758.75</b>
3.3 STREET ADDRESS	<b>****758.75</b>
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)