

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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P93000050207**
 1. Corporation Name
MANUMIT OF FLORIDA, INC

Principal Place of Business: **1600 W. NEW HAMPSHIRE ORLANDO, FL 32804**
 Mailing Address: **22001 HOOVER ROAD WARREN, MI 48089**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **7/12/1993**

4. FFI Number: **58-2065448** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

2a. Mailing Address:
 26. Suite, Apt #, etc.
 27. City & State
 28. Zip
 29. Country

9. Name and Address of Current Registered Agent
SCOTT HAYES
22001 HOOVER
WARREN, MI 48089

10. Name and Address of New Registered Agent
 81. Name: **EARL W. BLANKENSHIP**
 82. Street Address (P.O. Box Number is Not Acceptable): **638 MIDWAY DR**
 83.
 84. City: **Ocala** FL 85. Zip Code: **34472**

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: **5/18/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input checked="" type="checkbox"/> DELETE	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DOMINIC CAMPO	12 NAME:	12 NAME:	
STREET ADDRESS: 22001 HOOVER	13 STREET ADDRESS:	13 STREET ADDRESS:	
CITY-ST-ZIP: WARREN, MI 48089	14 CITY-ST-ZIP:	14 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: P GASPARE CAMPO	22 NAME:	22 NAME:	
STREET ADDRESS: 22001 HOOVER	23 STREET ADDRESS:	23 STREET ADDRESS:	
CITY-ST-ZIP: WARREN, MI 48089	24 CITY-ST-ZIP:	24 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: TS. SCOTT HAYES	32 NAME:	32 NAME:	
STREET ADDRESS: 22001 HOOVER	33 STREET ADDRESS:	33 STREET ADDRESS:	
CITY-ST-ZIP: WARREN, MI 48089	34 CITY-ST-ZIP:	34 CITY-ST-ZIP:	
TITLE: <input checked="" type="checkbox"/> DELETE	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: V MICHAEL FISH	42 NAME:	42 NAME:	
STREET ADDRESS: 22001 HOOVER	43 STREET ADDRESS:	43 STREET ADDRESS:	
CITY-ST-ZIP: WARREN, MI 48089	44 CITY-ST-ZIP:	44 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	52 NAME:	52 NAME:	
STREET ADDRESS:	53 STREET ADDRESS:	53 STREET ADDRESS:	
CITY-ST-ZIP:	54 CITY-ST-ZIP:	54 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	62 NAME:	62 NAME:	
STREET ADDRESS:	63 STREET ADDRESS:	63 STREET ADDRESS:	
CITY-ST-ZIP:	64 CITY-ST-ZIP:	64 CITY-ST-ZIP:	
		800002571098 -06/24/98--01053--042 ***150.00	

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 or the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (Change or certain attachment with an address).

SIGNATURE: *[Signature]*

CR2E034 (10/97)