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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # 2

237001

(3)

MANATEE ACCOUNTING AND FINANCE CORP.

Mailing Address

FILED Feb 24 1998 8:00am Secretary of State



| r rancipal r lace of bosiness                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  | Maining Address                                              |                            |                                                      |                         |                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------|------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1812 MANATEE AVE WEST                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | 1812 MANATEE AVE WEST<br>Bradenton Fl 34205-5927             |                            |                                                      |                         |                                                                                                                                                            |
| BRADENTON FL 34205-5927                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  | BRADENION FL 34200-3927                                      |                            |                                                      |                         | DO NOT WRITE IN THIS SPACE                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                              |                            |                                                      |                         | 3. Date Incorporated or Qualified                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                              |                            |                                                      |                         | 05/27/1960                                                                                                                                                 |
| 2. Principal Place of Business 2e. Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                              |                            |                                                      |                         | 4. FEI Number Applied For                                                                                                                                  |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  | 26                                                           |                            |                                                      |                         | NOT APPLICABLE Not Applicable                                                                                                                              |
| Suite, Apt.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | # etc                                                                            | Suite, Apt. #, etc.                                          |                            |                                                      |                         | CO 75 A 1 1911 - 1                                                                                                                                         |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  | 27                                                           |                            |                                                      |                         | Certificate of Status Desired     Fee Required                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9                                                                                | City & State                                                 |                            |                                                      |                         | 6. Election Campaign Financing \$5.00 May Be                                                                                                               |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  | 28                                                           |                            |                                                      | Trust Fund Contribution |                                                                                                                                                            |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country                                                                          | Zip                                                          | Count                      |                                                      |                         | 8. This corporation owes or has paid the current year Intangible                                                                                           |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 25                                                                               | 29                                                           | 30                         |                                                      |                         | Personal Property Tax due June 30.  Yes No                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9. Name and Address of Curren                                                    | t Registered Agent                                           |                            |                                                      |                         | 10. Name and Address of New Registered Agent                                                                                                               |
| DE                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S CHAMPS III.E S                                                                 |                                                              | 8                          | 11                                                   | Name                    |                                                                                                                                                            |
| SHAWS POINT                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |                                                              | ļ.,                        | 99 Chart Address (D.C. Boy Number is Not Assessable) |                         | ddana (D.O. Dan Abrasta ta Not Assaultation                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ADENTON FL 33505                                                                 |                                                              | 82 Street Ad               |                                                      | Street Ad               | ddress (P.O. Box Number is Not Acceptable)                                                                                                                 |
| DIV                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADENTON FL 55505                                                                 |                                                              | l e                        | 3                                                    |                         |                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                              | [                          | 1                                                    |                         |                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                              | 8                          | 14                                                   | City                    | FL 85 Zip Code                                                                                                                                             |
| 44.5                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  | Tool trop of                                                 |                            |                                                      |                         |                                                                                                                                                            |
| 11. Pursuant i                                                                                                                                                                                                                                                                                                                                                                                                                                                  | to the provisions of Sections 607.0507<br>edistered agent, or both, in the State | 2 and 607.1508, Florida Statu<br>of Florida, Such change was | ues, the abo<br>authorized | bv 1                                                 | named c<br>the corpo    | corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered. |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |                                                              |                            |                                                      |                         |                                                                                                                                                            |
| 0.0.4                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Signature, typed or printed harve of registered ager                             | nt and title if applicable (NO                               | TE: Registered /           | geni                                                 | t signature re          | equired when reinstating) DATE                                                                                                                             |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OFFICERS AND                                                                     |                                                              | 13.                        |                                                      |                         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ST                                                                               | ☐ DELETE                                                     | 1.1 TITU                   | E                                                    |                         | ☐ Change ☐ Addition                                                                                                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DES CHAMPS, BETTY                                                                |                                                              | 1.2 NAM                    | E                                                    |                         |                                                                                                                                                            |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SHAWS PT                                                                         |                                                              | 1.3 STRI                   | ETA                                                  | ADDRESS                 | · ·                                                                                                                                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BRADENTON, FL 00000                                                              |                                                              | 1.4 CITY                   | -ST-                                                 | - ZIP                   |                                                                                                                                                            |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C                                                                                | DELETE                                                       | 2.1 TITU                   | E                                                    |                         | Change Addition                                                                                                                                            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CHAMPS, E.S. DES                                                                 |                                                              | 2.2 NAM                    | E                                                    |                         |                                                                                                                                                            |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SHAWS PT                                                                         |                                                              | 2.3 STREET AD              |                                                      | ADDRESS                 |                                                                                                                                                            |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BRADENTON, FL 00000                                                              |                                                              | 2. 4 CITY-5                |                                                      |                         |                                                                                                                                                            |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                              | 3.1 TITL                   |                                                      |                         | Change Addition                                                                                                                                            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |                                                              |                            | 3.2 NAME                                             |                         | Special accounting a prompt to the control of                                                                                                              |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SHAWS PT                                                                         |                                                              |                            |                                                      | IDDOCCO                 |                                                                                                                                                            |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | *******                                                                          |                                                              |                            | 3.3 STREET ADDRESS                                   |                         |                                                                                                                                                            |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |                                                              |                            | 3.4 CITY-ST-ZIP<br>4.1 TITLE                         |                         | · Change Addition                                                                                                                                          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                              |                            |                                                      |                         |                                                                                                                                                            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |                                                              | 4. 2 NA                    |                                                      |                         |                                                                                                                                                            |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                              |                            |                                                      | ADDRESS                 |                                                                                                                                                            |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |                                                              | 4.4 CITY                   |                                                      | - ZIP                   |                                                                                                                                                            |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | DELETE                                                       | 5.1 TITL                   | E                                                    | •                       | Change Addition                                                                                                                                            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |                                                              | 5.2 NAV                    | E                                                    |                         |                                                                                                                                                            |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                              | 5.3 STR                    | ET A                                                 | ADDRESS                 |                                                                                                                                                            |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |                                                              | 5.4 CITY                   | - ST                                                 | - ZIP                   |                                                                                                                                                            |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                              | 6.1 TITLE                  |                                                      |                         | ☐ Change ☐ Addition                                                                                                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |                                                              | 6.2 NAM                    | E                                                    |                         |                                                                                                                                                            |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                              | 6.3 STR                    | ET A                                                 | ADDRESS                 |                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                              | 6.4 CITY                   |                                                      |                         |                                                                                                                                                            |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |                                                              | 0.4 UIIY                   | - 51                                                 | · LIF                   |                                                                                                                                                            |

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 eath; that I am an officer or director of the corporation or the regiver or frustee employered 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 atturbinent with an address.

SIGNATURE:

W Stuar Mesons

2/16/98

(941) 148-1812