

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

FILED
Jun 03 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **355149**

(6)

1. Corporation Name
CHAMPION MANUFACTURING, INC.

Principal Place of Business

**1441 S.W. 31ST AVE
POMPANO BCH. FL 33069
US**

Mailing Address

**P. O. BOX 8517
FT LAUDERDALE FL 33310-8517
US**



3. Date Incorporated or Qualified **11/10/1969** 3a. Date of Last Report **06/21/1996**

| | | | |
|--------------------------------|------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-1276274 | Applied For <input type="checkbox"/> Not Applicable |
| 21 Suite, Apt. #, etc. | 25 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 Zip | 28 Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 Country | 29 Country | | |

9. Name and Address of Current Registered Agent

**SWINDELL, ROBERT C.
601 N. RIO VISTA BLVD
FT LAUDERDALE FL 33304
33315**

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 607.0807 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 607.1505, Florida Statutes.

SIGNATURE *Robert C. Swindell* **ROBERT C. SWINDELL, PRESIDENT 4/30/97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SWINDELL, ROBERT C. | 1.2 NAME | |
| STREET ADDRESS | 601 N RIO VISTA BLVD 1317 TANGULO ISLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 1.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SWINDELL, ELEANOR C | 2.2 NAME | |
| STREET ADDRESS | 2880 SW VERSAILLES | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL 34997 | 2.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACMILLIAN, CYNTHIA L | 3.2 NAME | |
| STREET ADDRESS | 745 SW 51 AVE. 1400 NE 17 AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARGATE FL FT LAUDERDALE, FL | 3.4 CITY-ST-ZIP | |
| TITLE | 33305 <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 *Robert C. Swindell* **ROBERT C SWINDELL 4/30/97**

CR2E034 (9/96)