FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

DOCUMENT # 635007 (8)

1. Corporation Name

MANCO ASSOCIATES INCORPORATED

Principal Place of Business:
455 HARRISON AVENUE
PANAMA CITY FL 32401
US

Mailing Address:
P.O. BOX 909
PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1979	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1963069	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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21 410 W. 6th St.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Panama City, FL	28 City & State
24 Zip 32401 · 25 Country USA	29 Zip · 30 Country

9. Name and Address of Current Registered Agent

GOURAS, CHRIS G
1920 W. ORLANDO RD.
PANAMA CITY FL FL 32402

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 617.0502, 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE [signature] 5-17-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	GOURAS, CHRIS G	NAME	
STREET ADDRESS	1920 W. ORLANDO RD.	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	CITY-ST-ZIP	
TITLE	S	TITLE	[ ] Change [ ] Addition
NAME	GOURAS, MAUREE	NAME	
STREET ADDRESS	1920 W. ORLANDO RD.	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 report or supplemental 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, with all other like empowered.

SIGNATURE: [signature] 5-17-95 904 785-1568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mauree Gouras, Sec'y

0410305 FP