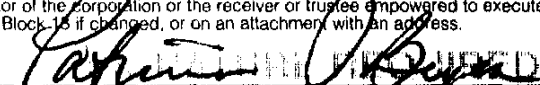


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 741137 (4) 1. Corporation Name FLORIDA MANUFACTURERS ASSOCIATION, INC.					
Principal Place of Business 7990 114TH AVENUE N. SUITE 1, BLDG 1200 LARGO FL 33773			Mailing Address 7990 114TH AVENUE N. SUITE 1, BLDG 1200 LARGO FL 33773-5026		
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		
3. Date Incorporated or Qualified 11/23/1977			3a. Date of Last Report 08/05/1996		
4. FEI Number 59-2262410			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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					
9. Name and Address of Current Registered Agent CASTORO, WILLIAM M 7900 114TH AVENUE N. SUITE 1, BLDG 1200 LARGO FL 33773			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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☐ DELETE			
NAME	CASTORO, WILLIAM M				
STREET ADDRESS	7990 114TH AVE N., STE 1				
CITY- ST- ZIP	LARGO FL 33773				
TITLE	VP	☐ DELETE			
NAME	WHEELER, CHRISTOPHER				
STREET ADDRESS	8051 TAMiami TRAIL				
CITY- ST- ZIP	SARASOTA FL				
TITLE	ST	☐ DELETE			
NAME	BEYER, PATRICIA				
STREET ADDRESS	7990 114TH AVE N., STE 1				
CITY- ST- ZIP	LARGO FL 33773				
TITLE	D	☐ DELETE			
NAME	WOLFE, JUNE				
STREET ADDRESS	1000 WEST MCNAB				
CITY- ST- ZIP	POMPANO BEACH FL				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		☐ Change ☐ Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY- ST- ZIP					
2.1 TITLE		☐ Change ☐ Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY- ST- ZIP					
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY- ST- ZIP					
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY- ST- ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY- ST- ZIP					
6.1 TITLE		☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  1-30-97					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)

Date

Daytime Phone # 0051782