

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

1000 W. MCNAB ROAD
POMPANO BEACH FL 33069

1000 W. MCNAB ROAD
POMPANO BEACH FL 33069

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/23/1977

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

81 Name

JUNE WOLFE

82 Street Address (P.O. Box Number is Not Acceptable)

1000 W. McNab Road, Ste 111

83

84 City

Pompano Beach

FL

85 Zip Code

33069

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required on registration.)

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME L.A. Daniels

1.3 STREET ADDRESS 7775 Baymeadows Way, Suite 106

1.4 CITY-ST-ZIP Jacksonville, FL 32256

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Liz Moran

2.3 STREET ADDRESS 75 S. Ivanhoe Blvd.

2.4 CITY-ST-ZIP Orlando FL 32804

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Jim Ross

3.3 STREET ADDRESS 4500 140th Avenue N, Ste 204

3.4 CITY-ST-ZIP Tampa FL 33762

4.1 TITLE VP D ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 1000 W. McNab Road, Suite 111

4.4 CITY-ST-ZIP Pompano Beach FL 33069

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 OCT 23 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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