## 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** #

K14916

(6)

## MANCHESTER FINANCIAL SERVICES CORPORATION

FILED Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 100 SE 2NO STREET 100 SE 2ND STREET NATIONSBANK SUITE 3700 NATIONS BANK SUITE 3700 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 02/08/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0096517 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEFELER, GEORGE, ESQ. NATIONS BANK SUITE 82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREET 37 FLOOR 83 **MIAMI FL 33131** City 85 Zip Code 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 Signature, typed or printed nume of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition 1.1 TITLE TITLE FREEMAN, ROBERT A NAME 1.2 NAME 2601 SO BAYSHORE DR, STE 1425 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE SOL. GODOFREDO 2.2 NAME NAME 27 AVE SUR PASAJE COLONIA FLOR BLANCA 2.3 STREET ADDRESS STREET ADDRESS SAN SALVADOR EL 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME BEFELER, GEORGE 3.2 NAME 100 SE 2ND STREET 37TH AVE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - ST - ZIP Addition ☐ DELETE Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 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 cohoration of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 3 if changed in own attachment with an address.

SIGNATURE:

\*\*President\*\*

\*\*Add 198\*\*

379-8350\*\*

**SIGNATURE** 

President