

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

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**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K24215 (1)

1. Corporation Name
MANZ & ASSOCIATES, INC.



Principal Place of Business % MARIA LOPEZ MANZ 11616 N DALE MABRY AVE TAMPA FL 33616	Mailing Address % MARIA LOPEZ MANZ 11616 N DALE MABRY AVE TAMPA FL 33616-3502
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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

3. Date Incorporated or Qualified 05/18/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2888317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MANZ, MARIA LOPEZ
11616 N DALE MABRY AVE
TAMPA FL 33618**

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 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 _____ (NOTE: Registered Agent's signature required when constituting) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANZ, ROBERT E.	
STREET ADDRESS	4208 FAIRWAY RUN	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANZ, MARIA LOPEZ	
STREET ADDRESS	4208 FAIRWAY RUN	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, ANGELA	
STREET ADDRESS	9224 KINGSRIDGE DR	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1A TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1B NAME		
1B STREET ADDRESS		
1A CITY - ST - ZIP		
2A TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2B NAME		
2B STREET ADDRESS		
2, 4 CITY - ST - ZIP		
3A TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3B NAME		
3B STREET ADDRESS		
3A CITY - ST - ZIP		
4A TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4, 2 NAME		
4B STREET ADDRESS		
4A CITY - ST - ZIP		
5A TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5B NAME		
5B STREET ADDRESS		
5A CITY - ST - ZIP		
6A TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6B NAME		
6B STREET ADDRESS		
6A 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 *Maria Lopez Manz* 4/23/97 (813) 968-8877

CR2E034 (9/96)