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Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004557 (2)

1. Corporation Name

THE MANUFACTURING LEADERSHIP COUNCIL, INC.

Principal Place of Business

Mailing Address

966 NORTHBROOK DRIVE
ORMOND BEACH FL 32174POST OFFICE BOX 442
ORMOND BEACH FL 32175-04423. Date Incorporated or Qualified
08/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIFER, LOU
966 NORTHBROOK DRIVE
ORMOND BEACH FL 32174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	SPERBER, PERRY	
STREET ADDRESS	1203 U.S. HWY. #1 NORTH	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	CLARE, PAUL	
STREET ADDRESS	1327 U.S. HWY. #1 NORTH	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, DOUGLAS	
STREET ADDRESS	5612 JOHNSON LAKE ROAD	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOCKLER, DOUGLAS	
STREET ADDRESS	305 FENTRESS BOULEVARD	
CITY-ST-ZIP	DAYTONA BEACH FL 32120	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, WILLIAM	
STREET ADDRESS	4620 CITY CENTER DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32129	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	EDST	<input type="checkbox"/> DELETE
NAME	FIFER, LOU	
STREET ADDRESS	966 NORTHBROOK DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOU FIFER

1/6/97

904/673-0505

Date

Daytime Phone 8003484

CR2E037 (9/96)