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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004557

1. Corporation Name

THE MANUFACTURING LEADERSHIP COUNCIL, INC.

Principal Place of Business

966 NORTHBROOK DRIVE
ORMOND BEACH FL 32174

Mailing Address

POST OFFICE BOX 442
ORMOND BEACH FL 32175

92711 7 90025 1 19



2. Principal Place of Business

21 3 Blockhouse Court

Suite, Apt. #, etc.

City & State
Ormond Beach, FL

Zip
32174

Country
USA

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip
32175-0442

Country

3. Date Incorporated or Qualified

08/20/1996

4. FEI Number

59-3409907

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FIFER, LOU
966 NORTHBROOK DRIVE
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name LOU FIFER

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

3 Blockhouse Court

83

84 City Ormond Beach

FL

85 Zip Code 32174

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: *Lou Fifer, Pres./CEO*

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

(NOTE: Registered Agent signature required when reinstating)

1/5/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
C	FRANCIS, LAWRENCE	2 EAST TOWER CIRCLE	ORMOND BEACH FL 32174	<input checked="" type="checkbox"/>
VC	MCGRAGE MARK	12 SOUTHLAND ROAD	ORMOND BEACH FL 32174	<input type="checkbox"/>
D	JOHNSON, DOUGLAS	5612 JOHNSON LAKE ROAD	DELEON SPRINGS FL 32130	<input checked="" type="checkbox"/>
D	SASTRI, M.S.	405 FENTRESS BLVD	DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/>
D	THOMPSON, WILLIAM	4620 CITY CENTER DRIVE	PORT ORANGE FL 32129	<input type="checkbox"/>
EDST	FIFER, LOU	966 NORTHBROOK DRIVE	ORMOND BEACH FL 32174	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	KEESECKER, BOB	308 Old Colony Rd	Edgewater, FL 32132	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CD	MCGRANE, MARK	12 Southland Rd	Ormond Beach, FL 32174	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VC D	STEFANOS, Tom	300 Fentress Blvd.	Daytona Beach, FL 32114	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MYERS, MIKE	4121 S. US Hwy 1	Edgewater, FL 32141	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
PTD	FIFER, LOU	3 Blockhouse	Ormond Beach, FL 32174	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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, on an attachment with an address, with all other like empowered.

SIGNATURE: *Lou Fifer*

Signature and typed or printed name of signing officer or director

1/5/99

904/673-0505

Date

Daytime Phone #

CR2E037 (11/98)