

Sent by FCME
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$230.25).

Jul-30-98 12:31 PM

from 941723789

FILED

Sep 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N97000004575 (3)

1. Corporation Name

FLORIDA CENTER FOR MANUFACTURING EXCELLENCE, INC

Principal Place of Business

Mailing Address

5 MIMOSA DRIVE
SARASOTA FL 34232

5 MIMOSA DRIVE
SARASOTA FL 34232

3. Date Incorporated or Qualified

08/12/1997

4. FEI Number

05-0783574

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

2. Principal Place of Business

2a. Mailing Address

21 700 8th Avenue W.

26 700 8th Avenue W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Palmetto, Florida

28 Palmetto, Florida

24 Zip

Country

29 Zip

Country

34221

34221

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTT, MARY LEMAY
5 MIMOSA DRIVE
SARASOTA FL 34232

81 Name

Michael J. Bertolini

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

40 Haullee, Porges, Hamlin, Knowles, Bldg Prouty
1205 Manatee Avenue, W.

83 City

Bradenton

FL

86 Zip Code

34205

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]

(NOTE: Registered Agent signature required when reinstating)

8/3/98

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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] Michael Bertolini

8/3/98

941-748-3770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

Validation # 2nd PG.

CR2ED37 (5/98)

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Non-Profit Corporation Annual Report
Florida Center for Manufacturing Excellence
Document Number: N97000004575 (3)

Additional Directors:

Director
Michel Bertolini
929 Birdie Way
Apollo Beach, Florida 33572