

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90012 037 \*\*\*\*61.25

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DOCUMENT # N97000004575

1. Corporation Name

FLORIDA CENTER FOR MANUFACTURING EXCELLENCE, INC

Principal Place of Business

700 8TH AVE. W.  
PALMETTO FL 34221

Mailing Address

700 8TH AVE. W.  
PALMETTO FL 34221



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/12/1997

4. FEI Number

65-0783574

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

9. Name and Address of Current Registered Agent

BERTOLINI, MICHAEL J  
% HARLEE, PORGES, HAMLIN, KNOWLES, BALD, PROUTY  
1205 MANATEE AVE. W.  
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name Mark Wolfgram

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

40 Tropicana

83 1001 13th Avenue E.

84 City Bradenton

FL

85 Zip Code 34208

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.

Mark Wolfgram

1/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WOLFGAM, MARK  
STREET ADDRESS 1001 13TH AVE. E.  
CITY-ST-ZIP BRADENTON FL 34208 ☐ DELETE

TITLE ED  
NAME CHALFANT, LARRY  
STREET ADDRESS 700 8TH AVE. W.  
CITY-ST-ZIP PALMETTO FL 34222 ☐ DELETE

TITLE STD  
NAME DENISER, S. GENE  
STREET ADDRESS 215 MANTEE AVE. W.  
CITY-ST-ZIP BRADENTON FL 34205 ☐ DELETE

TITLE VD  
NAME STRAW, PETO  
STREET ADDRESS 240 N. WASHINGTON BLVD.  
CITY-ST-ZIP SARASOTA FL 34236 ☐ DELETE

TITLE D  
NAME PAPAS, SARAH  
STREET ADDRESS 5840 26TH ST. W.  
CITY-ST-ZIP BRADENTON FL 34207 ☐ DELETE

TITLE D  
NAME BREITER, DAVID  
STREET ADDRESS 6432 PARKLAND DR  
CITY-ST-ZIP SARASOTA FL 34243 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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, with all other like empowered.

SIGNATURE: Mark Wolfgram President 1/15/99 941-742-2710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)