

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

FILED

Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000018229 (3)
1. Corporation Name
INSTITUTE FOR MANUFACTURING COMPETITIVENESS, INC



Principal Place of Business

478 BALLARD DR.
UNIT 30
MELBOURNE FL 32935

Mailing Address

P. O. BOX 361533
MELBOURNE FL 32936-1533
US

3. Date Incorporated or Qualified
03/10/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3169278

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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
9. Name and Address of Current Registered Agent

WHITHAM, ROSE M
478 BALLARD DR.
UNIT 30
MELBOURNE FL 32935

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

(Signature of Registered Agent or other authorized officer, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1 NAME WHITHAM, ROSE M
2 STREET ADDRESS 582 CLARKE AVE.
3 CITY-STATE-ZIP MELBOURNE FL
4 TITLE
5 NAME
6 STREET ADDRESS
7 CITY-STATE-ZIP
8 TITLE
9 NAME
10 STREET ADDRESS
11 CITY-STATE-ZIP
12 TITLE
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95 CITY-STATE-ZIP
96 TITLE
97 NAME
98 STREET ADDRESS
99 CITY-STATE-ZIP
100 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE ☐ Change ☐ Addition
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54 CITY-STATE-ZIP
61 TITLE ☐ Change ☐ Addition
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71 TITLE ☐ Change ☐ Addition
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81 TITLE ☐ Change ☐ Addition
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83 STREET ADDRESS
84 CITY-STATE-ZIP
91 TITLE ☐ Change ☐ Addition
92 NAME
93 STREET ADDRESS
94 CITY-STATE-ZIP
101 TITLE ☐ Change ☐ Addition
102 NAME
103 STREET ADDRESS
104 CITY-STATE-ZIP
105 TITLE

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:

Rose M Whitham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 407-253-6447
Date Daytime Phone

0110901

CR2E034 (9/96)