

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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000050207

1. Corporation Name
MANUMIT OF FLORIDA, INC

Principal Place of Business: 1600 W. NEW HAMPSHIRE ORLANDO, FL 32804
Mailing Address: 22001 HOOVER ROAD WARREN, MI 48089

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
7/12/1993

| | | | |
|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 58-2065448 | Not Applicable |
| 22. Suite, Apt. #, etc | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23. City & State | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Zip | 29. Zip | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. Country | 30. Country | | |

9. Name and Address of Current Registered Agent

SCOTT HAYES
22001 HOOVER
WARREN, MI 48089

10. Name and Address of New Registered Agent

81 Name: EARL W. BLANKENSHIP
82 Street Address (P.O. Box Number is Not Acceptable): 638 MIDWAY DR
83
84 City: Ocala FL 85 Zip Code: 34472

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]* DATE: 5/18/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | <input checked="" type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOMINIC CAMPO | 12 NAME | |
| STREET ADDRESS | 22001 HOOVER | 13 STREET ADDRESS | |
| CITY-ST-ZIP | WARREN, MI 48089 | 14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P. GASPARE CAMPO | 22 NAME | |
| STREET ADDRESS | 22001 HOOVER | 23 STREET ADDRESS | |
| CITY-ST-ZIP | WARREN, MI 48089 | 24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TS. SCOTT HAYES | 32 NAME | |
| STREET ADDRESS | 22001 HOOVER | 33 STREET ADDRESS | |
| CITY-ST-ZIP | WARREN, MI 48089 | 34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input checked="" type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V. MICHAEL FISH | 42 NAME | |
| STREET ADDRESS | 22001 HOOVER | 43 STREET ADDRESS | |
| CITY-ST-ZIP | WARREN, MI 48089 | 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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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 trustee or partner empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. I have not been convicted of a crime with an address.

SIGNATURE: *[Signature]*
SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)