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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90132 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 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: 07/12/1993

4. FEI Number: 58-2062448

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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 2a. Mailing Address: 26 **2401 South Laflin**
 Suite, Apt. #, etc.: 27
 City & State: 28 **Chicago, IL**
 Zip: 24 **60608** Country: 25 **USA**

9. Name and Address of Current Registered Agent
BLANKENSHIP, EARL W
638 MIDWAY DR
OCALA FL 34472

10. Name and Address of New Registered Agent
 81 Name: **Joe Briarton**
 82 Street Address (P.O. Box Number is Not Acceptable): **925 S. Clyde Morris Boulevard**
 83
 84 City: **Daytona Beach** FL 85 Zip Code: **32114**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: CAMPO, DOMINIC	
STREET ADDRESS: 22001 HOOVER DR	
CITY-ST-ZIP: WARREN MI 48089	
TITLE: P	<input checked="" type="checkbox"/> DELETE
NAME: CAMPO, GASPARE	
STREET ADDRESS: 22001 HOOVER DR	
CITY-ST-ZIP: WARREN MI 48089	
TITLE: TS	<input checked="" type="checkbox"/> DELETE
NAME: HAYES, SCOTT	
STREET ADDRESS: 22001 HOOVER DR	
CITY-ST-ZIP: WARREN MI 48089	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: FISH, MICHAEL	
STREET ADDRESS: 22001 HOOVER DR	
CITY-ST-ZIP: WARREN MI 48089	
TITLE: []	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: []	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: James S. Eng	
1.3 STREET ADDRESS: 15880 N. Greenway-Hayden Loop	
1.4 CITY-ST-ZIP: Scottsdale, AZ 85260	
2.1 TITLE: D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Donald W. Slager	
2.3 STREET ADDRESS: 15880 N. Greenway-Hayden Loop	
2.4 CITY-ST-ZIP: Scottsdale, AZ 85260	
3.1 TITLE: D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: G. Thomas Rochford, Jr.	
3.3 STREET ADDRESS: 15880 N. Greenway-Hayden Loop	
3.4 CITY-ST-ZIP: Scottsdale, AZ 85260	
4.1 TITLE: P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Terry Armstrong	
4.3 STREET ADDRESS: c/o 15880 N. Greenway-Hayden Loop	
4.4 CITY-ST-ZIP: Scottsdale, AZ 85260	
5.1 TITLE: S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: Jo Lynn White	
5.3 STREET ADDRESS: 15880 N. Greenway-Hayden Loop	
5.4 CITY-ST-ZIP: Scottsdale, AZ 85260	
6.1 TITLE: AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: Kimberly R. Boll and Jenny L. Apler	
6.3 STREET ADDRESS: 15880 N. Greenway-Hayden Loop	
6.4 CITY-ST-ZIP: Scottsdale, AZ 85260	

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 607, 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: Jo Lynn White RED 4/30/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)