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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000076953 (7) DOCUMENT #

MANUFACTURERS UNLIMITED, INC.

Principal Place of Business

Mailing Address

32 N.W. 45 AVENUE

FILED May 01 1997 8:00am Secretary of State



DEERFIELD BE	ACH FL 33442		DE	ERFIELD BEA	CH FL 33	442-9325												
	Principal Place of Business Suite, Apt. #, etc. City & State Zip									11/01/1993 05/0			te of Last Report 01/1996					
2, Principal Pl	Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a.	Mailing Add	ress					4.	FEI Number			App	olied For			
21			26						65-0444160					Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5.	Certificate of Status Desired		\$8.75 Additional Fee Required						
City & State			City & State						Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees							
Zip	, ' 						ountry			8, This corporation has liability for intangible ta								
24			29	tored Agent		30	т				Florida Statutes Name and Address of New F							
		ess of Carrent P	10 yısı	tereu Agent			81	Name	'	IV.	Hallie Gild Address of Now I	iograterou i	goin					
												····						
							82	Street	Address	; (P	.O. Box Number is Not Accepta	able)						
							83											
							84	City				FL	85	Zip C	ode			
office or re agent. I a	egistered agent, or bot	th, in the State of	Floric	da. Such chai	nge was	authorize	d by	y the corp	corpora oration'	ition 's b	n submits this statement for the loard of directors. I hereby acc	purpose of ept the app	chang ointme	ing its nt as r	registered egistered			
SIGNATURE	Signature, lyped or printed name	ne of registered agent a	and title	il applicable	(NO1	IL: Registere	d Age	ent signature	required w	when	reinslaling)	DATE						
12.		OFFICERS AND D	DIREC			13.				1	ADDITIONS/CHANGES TO OFF	ICERS AND						
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NAME		ΕP				1.2 N												
STREET ADDRESS		·						ADDRESS										
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-						•		ST-ZIP										
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		- 1						ADDRESS										
CITY-ST-ZIP		FL						ST-71P										
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NAME .	VEREEN, JOAN V	٧				4.21	AME											
STREET ADDRESS						4.3 S	TREET	ADDRESS										
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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.