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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000005332**

1. Corporation Name

MANUFACTURING CONSULTANTS, INC.

Principal Place of Business	Mailing Address
330 Leeward Island	330 LEEWARD ISLAND
Clearwater FL 33767	CLEARWATER FL 33767
US	US

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90027 044 ***150.00



Principal Place	e of Business	Mailing Address				-	
330 LEEWARD	ISLAND	330 LEEWARD ISLAND					
CLEARWATER F	FL 33767	CLEARWATER FL 33767			DO NOT WRITE IN THI	IS SPACE	
US		U\$			3. Date Incorporated or Qualifed	3 STACE	
					01/20/1995		
		Ad-W Add			4. FEI Number		olied For
·	Place of Business	2a. Mailing Address			- 59-3291818	<u> </u>	:Applicable
21	سده عيده سريد به عصائسي شهرسسياس	26			39 329 10 10	\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Red	
22	<u> </u>	27 City 8 Ct-t-					
City & State	te	City & State		•	6. Election Campaign Financing	\$5.00 to Added to	
23		28	Country		Trust Fund Contribution		71663
Zip	Country	Zip	~-	′	8. This corporation owes the current year I		□No
24	25	29 30	<u>'</u> '		Personal Property Tax. 10. Name and Address of New Registered	ZS	
ļ	9. Name and Address of Cur	rent Kegisterea Agent	81	Name	TV. Hame and Address of Heat Legisterer	a rigonit	
1.4 11 (INGTON, WAYNE		"	1401116			
	LEEWARD ISLAND		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
_			<u> </u>				
. (LE)	ARWATER FL 33767		83	i			
			84	City	F	85 Zip C	ode
			<u>. </u>		oration submits this statement for the purpose of		registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Re	egistered Age	int signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	 RS IN 12
12.	PT	☐ DELETE	1.1 TITLE	1		Change	Addition
TITLE	MILLINGTON, WAYNE L		1.2 NAME	}	<i>.</i> ·		~
NAME	AAA 4 EESAMADD IOI 414D			T ADDRESS			
STREET ADDRESS						2:	27/7
CITY-ST-ZIP	CLEARWATER FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	51-ZIP	_	☐ Change	Addition
TITLE	VS	LI DELETE	2.1 IIILE				y 4
NAME	MILLINGTON, OLGA J					_ ·	1
STREET ADDRESS		mainima o income sono	2.2 NAME		ا ميد خان سيدمين الريدي () عامل داران سيدمين الريوسيدين		· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	CLEARWATER FL	ومعام يوميسون والمستشمون	2.3 STREE	TADDRESS	نها چاست. اینچا اینیاد اینها در درسیدهای میههمدین در ا		17/7
TITLE		والاعام بيراميسان والمستسمون	2.3 STREE 2.4 CITY-		نيية بي المحادث البيتية () فاقل بي المار بالميامينية الميهانيونية	33	3767 □ Addition
		DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE	ST-ZIP	نيدا چاهيد المهرات البيدي و الدان الدار المتيد مدان الميان الميان الميان الميان الميان الميان الميان الميان الم		3 767
NAME		DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP	نيدا چاهيد المهاد اليدي د العال بي الدار بسيدهبدي المهاهيدين ال	33	3767 Addition
NAME STREET ADDRESS		☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP	نيية 🗢 سايد - يادلات - يياني د - العان بي الدارد و بالميدمونان مورانها الميانية الم	33	3767 □ Addition
			2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	ST-ZIP	نيية چ الات الدين الدين الدين الدين الدين الدين المستحددات الدين المستحددات	Change	3767 Addition
STREET ADDRESS		☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP	نيية الله الله الله الله الله الله الله الل	33	3 7 6 7 ☐ Addition
STREET ADDRESS CITY-ST-2IP			2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	ST-ZIP ET ADDRESS ST-ZIP	ليها 🕾 الله الله المهام المها	Change	3 7/7 ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE			2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME	ST-ZIP ET ADDRESS ST-ZIP	نيية الآسان المحادث الميدي و المحادث المواديق المواديقية المواديقية المواديقة المواديقية المواديقية المواديقية	Change	3 7/7 ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	نيية الله الله الله الله الله الله الله الل	Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	نيا ته ۱۰۰ سيدي د العالم بي ۱۰ ردو بسيدهوري مو رسي دوري	Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	نيا ته ۱۰۰ سيدي د العالم بي ۱۰۰ در بسيدهوري موړونوندي	Change	
STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	چيا ت	Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	چيا ت	Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		Change	

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 on an attachment with an address, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS