FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000065463 (8)**

1. Corporation Name
MCMANCO, INC.

Principal Place of Business
~~790 E. BROWARD BLVD.~~
~~SUITE 302~~
~~F. LAUDERDALE FL 33301~~

Mailing Address
~~790 E. BROWARD BLVD.~~
~~SUITE 302~~
~~F. LAUDERDALE FL 33301~~

3. Date Incorporated or Qualified: 08/24/1995
3a. Date of Last Report:

2. Principal Place of Business
21 c/o David Tate Export
Suite, Apt. #, etc.
22 4703 SW 74th Ave.
City & State
23 Miami, Fl
Zip 24 33155 Country 25 USA

2a. Mailing Address
26 c/o Acctg.& Business Conslts.
Suite, Apt. #, etc.
27 790 E. Broward Blvd. #302
City & State
28 Ft. Lauderdale, Fl
Zip 29 33301 Country 30 USA

4. FEI Number: 65-0602912 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
MCINTOSH, BARBARA J
790 E. BROWARD BLVD.
SUITE 302
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 c/o David Tate Export
4703 SW 74th Avenue
84 City: Miami, FL 85 Zip Code: 33155

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, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	MCINTOSH, BARBARA J	
STREET ADDRESS	4703 S.W. 74TH AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	[ ] DELETE
NAME	MCINTOSH, WALTER F	
STREET ADDRESS	4703 S.W. 74TH AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	400001774784	[ ] Change [ ] Addition
4.2 NAME	-04/10/96--01012--015	
4.3 STREET ADDRESS	***200.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further, I 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: Barbara J. McIntosh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA J. McINTOSH PRESIDENT

Date: 4/1/96 Daytime Phone #: 500 675-0005

OKB 4/9/96

CR2E034 (12/95)