

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000065463 (8)**

1. Corporation Name
MCMANCO, INC.



Principal Place of Business C/O DAVID TATE EXPORT 4700 S.W. 74TH AVE. MIAMI FL 33155		Mailing Address C/O ACCTG. & BUSINESS CONSULTS. 780 E. BROWARD BLVD. #302 FT. LAUDERDALE FL 33301-2077	
2. Principal Place of Business 21 8333 N. 49th Drive Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State 23 Glendale, AZ		27 City & State	
24 Zip 85302		28 Zip	
25 Country		29 Country	
30		31	
3. Date Incorporated or Qualified 08/24/1995		3a. Date of Last Report 04/09/1996	
4. FEI Number 65-0602912		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MCINTOSH, BARBARA J C/O DAVID TATE EXPORT 4703 S.W. 74TH AVENUE MIAMI FL 33155		10. Name and Address of New Registered Agent 81 Name C/O PAT WALSH 82 Street Address (P.O. Box Number is Not Acceptable) 12206 SW 210 St. 83 84 City MIAMI 85 Zip Code FL 33177	

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 *Pat Walsh* **4/22/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, BARBARA J	1.2 NAME	
STREET ADDRESS	4700 S.W. 74TH AVE.	1.3 STREET ADDRESS	8333 N. 49th Drive
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	Glendale, AZ 85302
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, WALTER F	2.2 NAME	
STREET ADDRESS	4700 S.W. 74TH AVE.	2.3 STREET ADDRESS	8333 N. 49th Drive
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	Glendale, AZ 85302
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Barbara J. McIntosh* **BARBARA J. MCINTOSH** **4/22/97** **602.548.4673**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)