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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000065463 (8)

FILED
Apr 27 1998 8:00am
Secretary of State

MCMANCO, INC. Principal Place of Business Mailing Address 8333 N 49TH DR C/O ACCTG. & BUSINESS CONSLTS. 790 E. BROWARD BLVD. #302 FT. LAUDERDALE FL 33301 GLENDALE AZ 85302 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/24/1995 2a. Mailing Address 26 8239 S. 2. Principal Place of Business 4. FFI Number Applied For 8239 S. LOCUST WAY LOCUST WXY 65-0602912 21 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be ENGLEWOOD 23 Trust Fund Contribution Added to Fees Country USA 8. This corporation owes or has paid the current year Intangible X Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name c/o Walsh, Pat C/O WALSH, PAT 12206 SW 210 ST Street Address (P.O. Box Number is Not Acceptable) 1'2206 SW 210th Street 4703 S.W. 74TH AVENUE 83 MIAM! FL 33177 85 Miami 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 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 mith, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE X Addition TITLE 1.1 TITLE P MCINTOSH, BARBARA J NAME 1.2 NAME 8333 N 49TH DR STREET ADDRESS 1.3 STREET ADDRESS **GLENDALE AZ** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change X Addition TITLE ۷P MCINTOSH, WALTER F NAME 2.2 NAME 8333 N 49TH DR STREET ADDRESS 2.3 STREET ADDRESS **GLENDALE AZ** CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE HAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP Change Addition TITLE DELETE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-SY-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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:

4/18/9

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