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

NAME

STREET ADDRESS

SIGNATURE:

DITY-ST-ZIP

**FILED** Apr 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State · 1998 DIVISION OF CORPORATIONS P96000005622 (1) **DOCUMENT #** MAN-CAR, INC. Principal Place of Business Mailing Address 508 JASON DRIVE P O ROX 1172 LADY LAKE FL 32159 LADY LAKE FL 32158-1172 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3364601 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζφ Country ZiD Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 29 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BRETT L. SWIGERT, P.A. 531 N BAY STREET 82 Street Address (P.O. Box Number is Not Acceptable) EUSTIS FL 32726 В3 Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 THLE Change CARDOZO, MANUEL JR. NAME 1.2 NAME **508 JASON DRIVE** STREET ADDRESS 1.3 STREET ADDRESS LADY LAKE FL 32159 1.4 CITY-ST-ZIP CITY-ST-ZIE DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 DITY-ST-ZIP Addition DELETE Change TITLE 3 1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 5.1 TiTLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

> 62 NAME 6 3 STREET ADDRESS

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 changed, or on an attachment with an address.

6.4 CITY-ST-ZIP