FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Apr 29 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # Manky-deBoer Principal Place of Business Mailing Address 110 Simonton St. same toy West, FC 33040 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 21 110 Simonton 110 Simonto Not Applicable Suite, Apt. #, etc. \$8.75 Additional 风 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No USA 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 82 83 84 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 of resistered 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. Anni Aprillian with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1 5 TITLE the sides Richard L. Manley 1.2 NAME 1.3 STREET ADDRESS STREET ACIDRESS. 1.4 CITY-ST-ZIP 2.1 TITLE Change Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CHY- \$1 - 26 THEF DELETE 3.1 THILE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP Addition DELETE 4.1 TITLE Change MILE 4. 2 NAME 43 STREET ADDRESS STREET ANDRESS 4.4 CHY-ST-7IP CUTY-ST-ZE Addition THUE DELETE 5 1 TITLE Change 52 NAME 6.045 STREET ADDRESS **53 STREET ADDRESS** 54 CITY-ST-ZIP CRY SI 76 400002162141 DELETE 61 TITLE TILLE -05/01/97--01075--052 ***173.75 6.3 STREET ADDRESS STREET ACTORNOSE 6.4 CITY - ST- ZIP 14. Log hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information includated 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 if changed, or on an attachment with an address. SIGNATURE: