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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000104534 (8)

MANUFACTURING SERVICES AND DEVELOPMENT, INC.

Principal Place of Business		Mailing Address				n sooninds tin desta outh Antil Botti Bakes (tons Antil Diea) dieda niets dids (bat			
4665 ARLINGTO CAPE HAZE FL		4665 ARLINGTON DRIVE CAPE HAZE FL 33948-2307							
						3. Date Incorporated or Qualified 12/31/1996	3a. D	ate of Last R	leport
2. Principal P	lace of Business	2a. Mailing Address			4 Private at	٦_	Ar	pplied For	
21		26			38-324856	, <u></u>		ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
City & Stat		City & State						equired	
23	tr	28			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zφ	Country			untry	····	This corporation has liability for			
24	25	29	30	–				No No	. 199.032,
Name and Address of Current Registered Agent				10. Name and Address of New Registered Age					
PENROD, DONALD E					Name				
	ARLINGTON DRIVE		82 Street Ad			Address (P.O. Box Number is Not Acceptab	ole)		
CAP	E HAZE FL 33948			1		· · · · · · · · · · · · · · · · · · ·			
				83					
				84	City	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	tutes, the	above	-named	corporation submits this statement for the poration's board of directors. I hereby accept	urpose o	f changing i	ts registered
agent. La	m familiar with, and accept the ob	ligations of, Section 607.0505,	Florida St	atutes	r me corp S.	Soration's board of directors, I hereby accep	K tue erbt	xomment as	registered
SIGNATURE									
12.	Signature, typed or portled name of registered	agent and title if applicable. (N ND DIRECTORS	IOTE. Register		nt signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	O DIBECTÓ!	OC IN 10
TILE	PSTD	DELETE		TITLE		ADDITIONS/CHANGES TO OFFIC	CHO AIN	Change	Addition
NAME	PENROD, DONALD E	_		NAME					 ·
STREET ADDRESS	4665 ARLINGTON DRIVE				ADDRESS				
CITY-ST-ZIP	CAPE HAZE FL 33946			CITY-S					
TITLE		DELETE	21	TITLE				Change	Addition
NAME			22	NAME					
STREET ADDRESS			2.3	STREET	address				
C(TY-ST-Z)P			2.4	City-5	ST-ZIP				
TITLE		DELETE	3.1	TETLE				Change	Addition
NAME			3.2	NAME					,
STREET ADDRESS					address				
CITY-ST-ZIP		Therese		CITY-S	T-ZIP			77.0	T (2000-
TITLE		☐ DELETE		TATLE				Change	Addition
NAME				NAME		!			
STREET ADDRESS					ADDRESS				
CHY-SI-ZIP TITLE		☐ DELETE		CITY - S TITLE	1-ZIP .			Change	Addition
NAME		End Section		NAME				- Timila	
STREET ADDRESS					ADDRESS				
DITY-ST-ZIP				CITY-S					
TITLE		☐ DELETE		TITLE	1-611			Change	Addition
NAME			1	NAME		•			
STREET ADDRESS			1		ADDRESS				

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