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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 467443 (8)

1. Corporation Name
MANNIX, INC.

Principal Place of Business	Mailing Address
989 LENMORE CT. PO BOX 531172 ORLANDO FL 32853-8172	989 LENMORE CT. PO BOX 531172 ORLANDO FL 32853-8172

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 1438 Chickasaw Tr. So.	26 1438 Chickasaw Tr. So.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 P.O. Box 531172
City & State	City & State
23 Orlando FL	28 Orlando FL
Zip	Country
24 32825	25 ORANGE
29 32853-1172	30 ORANGE

3. Date Incorporated or Qualified 01/13/1975	3a. Date of Last Report 04/29/1994
4. FEI Number 59-1565077	Applied For <input type="checkbox"/> 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. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BURNS, PAUL M.
989 LENMARK CT.
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	1438 Chickasaw Tr. So.		Orlando	FL 32825

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURNS, PAUL M
STREET ADDRESS	989 LENMORE CT.
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	BURNS, PAUL D
STREET ADDRESS	7812 RICHWOOD DR
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BURNS, PAUL M.	
13 STREET ADDRESS	1438 Chickasaw Tr. So.	
14 CITY - ST - ZIP	Orlando FL 32825	
21 TITLE	VD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BURNS, PAUL D.	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 of this report, or an attached document with an address.

SIGNATURE: *Paul M. Burns* **4-10-95** **407**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Printed **275-9579**