PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 819670

1, Corporation Name

MANTUA MFG. CO.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90249 033 ***150.00



Principal Place	e of Business	Mailing Address								
7900 NORTHFIE		7900 NORTHFIELD RD	ne							
WALTON HILLS OH 44146-5525 US		WALTON HILLS OH 44146-33	WALTON HILLS OH 44146-5525			DO NOT WRITE IN THIS SPACE				
00		00				3. Date Incorporated or Qualifed				
						01/27/1972			ļ	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	- T	Appl	ied For	
21		26	26			34-0768831		Not /	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired 5. Serviced 5. Certificate of Status Desired 6.				
22		27	27			3. Certificate of Otation Desired	Fe	e Req	uired	
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23	28					Trust Fund Contribution	Add	ded to	Fees	
Zip	Country	Zip	— · · · · ·			8. This corporation owes the current year In		_	- I	
24	25		30			Personal Property Tax.	Yes	L	No	
	9. Name and Address of Curre	nt Registered Agent		ът		10. Name and Address of New Registered	Agent			
WED	NTRAUB, HYMAN L.		۱	31	Name				i	
	PASADENA PLACE		82 Stre			ess (P.O. Box Number is Not Acceptable)				
	PETERSBURG FL 33707									
SI F	ETENSBURG PL 33707		€	33						
			8	34	City		85	Zip Co	de	
				ᆚ		<u> </u>				
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abo	ove-l	named corpo ne corporation	pration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changin ntment a	g its re is real:	gistered	
agent. I a	m familiar with, and accept the obligi	ations of, Section 607.0505, Florid	ia Statut	es.	io doi poratio	770 Bodie 51 51 5010 51 1 1 1 1 1 1 1 1 1 1 1 1 1				
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				gent s	signature required	when reinstating) DATE				
12.	OFFICERS AND DIRECTORS 1:					ADDITIONS/CHANGES TO OFFICERS A	ND DIRE		Addition	
TITLE	PD FOWARD	☐ DELETE	1.1 TITLE					ingo		
NAME	WEINTRAUB, EDWARD		1.2 NAME							
STREET ADDRESS	7900 NORTHFIELD RD				NODRESS					
CITY-\$T-ZIP	WALTON HILLS OH		1.4 CITY		ZIP		Cha	nge	Addition	
TITLE	VD	☐ DELETE	2.1 TITL					iige	المالالمال	
NAME	WEINTRAUB, HYMAN L.		2.2 NAME							
STREET ADDRESS	2213 PASADENA PL		2.3 STREE		- 1					
CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CITY-		- ZIP		☐ Cha	200	Addition	
TITLE	SD	☐ DELETE	3 1 TITLE				Cna	ng e		
NAME	LASKY, FRAN		3.2 NAME						Į	
STREET ADDRESS	14540 RUSSELL LANE		3.3 STREE							
CITY-ST-ZIP	NOVELTY OH		34 CITY-		ZIP		Cha		Addition	
TITLE		☐ DELETE	4.1 TITLE				Cha	iige		
NAME			4. 2 NAME						ĺ	
STREET ADDRESS			4.3 STREET		ı					
CITY-ST-ZIP		C oriente	4.4 CITY-S		ZIP		Cha	nne	Addition	
TITLE		☐ DELETE	5.1 TITLE				∐ Cila	ııge	☐ ∀ooution	
NAME			5.2 NAM		PDOCEOC					
STREET ADDRESS					ADDRESS				l	
CITY-ST-ZIP			5.4 CITY-S		ZIP				Addition	
TITLE			6.1 TITL				☐ Cha	ııye	Addition	
NAME			6.2 NAM							
STREET ADDRESS			6.3 STR	EET A	ADDRESS				ì	

14. 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 of 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 charged, opon an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP