

PLEASE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95714** (4)
Corporation Name
MANITOU CORP.

Principal Place of Business Mailing Address
% MORT DECKELBAUM
4000 ISLAND BLVD., APT. 1701
N MIAMI BEACH FL 33160
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/25/1982** 3a. Date of Last Report **04/13/1994**
4. FEI Number **59-2246166** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **ABOVE** 26 **ABOVE**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
DECKELBAUM, MORT
4000 ISLAND BLVD.
APT. 1701
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE **PDS**
NAME **DECKELBAUM, MORT**
STREET ADDRESS **19495 BISCAYNE BLVD 707**
CITY - ST - ZIP **N MIAMI BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PRESIDENT** Change Addition
1.2 NAME **MORT DECKELBAUM**
1.3 STREET ADDRESS **4000 ISLAND BLVD #1701**
1.4 CITY - ST - ZIP **N. MIAMI BEACH, FL. 33160**

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 119.07(3)(h), 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.

SIGNATURE: *Mort Deckelbaum*
MORT DECKELBAUM

4/26/95 305-933-1400
Date Daytime Phone #