


**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90214 007 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000004668</b>					
1. Corporation Name <b>MANATEE MYSTIQUE, INC.</b>					
Principal Place of Business 5910 34TH AVENUE WEST BRADENTON FL 34209			Mailing Address P.O. BOX 11386 BRADENTON FL 34282 US		
			<b>5910 34th Ave. W.</b> <b>BRADENTON, FL</b> <b>34209</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number	
22 City & State		27 City & State		5. Certificate of Status Desired	
23 Zip		28 Zip		6. Election Campaign Financing	
24 Country		29 Country		Trust Fund Contribution	
25		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PETERSON, LARRY 5910 34TH AVENUE WEST BRADENTON FL 34209				81 Name <b>Chris Peterson</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5910 34th Ave. W.</b> 83 84 City <b>BRADENTON</b>	
				FL 85 Zip Code <b>34209</b>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE <i>Chris Peterson</i> DATE <i>1/25/99</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRES. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, LARRY		1.2 NAME	Chris Peterson	
STREET ADDRESS	5910 34TH AVENUE WEST		1.3 STREET ADDRESS	5910 34th Ave. W.	
CITY-ST-ZIP	BRADENTON FL 34209		1.4 CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTENS, DEBORAH		2.2 NAME	DANIELLE O'BRIEN	
STREET ADDRESS	5910 34TH AVENUE WEST		2.3 STREET ADDRESS	5521 19th St. W.	
CITY-ST-ZIP	BRADENTON FL 34209		2.4 CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SEC. / TRS D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPENSEE, KAREN		3.2 NAME	KAREN-LAPENSEE	
STREET ADDRESS	5910 34TH AVENUE WEST		3.3 STREET ADDRESS	P.O. BOX 614	
CITY-ST-ZIP	BRADENTON FL 34209		3.4 CITY-ST-ZIP	ANNA MARIA, FL 34216	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARMENTER, DEBORAH		4.2 NAME		
STREET ADDRESS	3105 AVE F		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL 34217		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen Lapensee*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99  
 Date

941-778-5622  
 Daytime Phone #

CR2E037 (1/198)