

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 360449 (3)  
1. Corporation Name  
MANOR COURT CORP



Principal Place of Business 290 N.W. 165 ST #M-600 NO MIAMI BEACH FL 33169	Mailing Address 290 N.W. 165 ST #M-600 NO MIAMI BEACH FL 33169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/03/1970	3a. Date of Last Report 05/01/1996	4. FEI Number 59-1441095	Applied For 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		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SHOUCAIR, BIANCA ANN  
290 NW 165 ST #M-600  
NORTH MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOUCAIR, BIANCA R.	1.2 NAME	SHOUCAIR, HUGUETTE
STREET ADDRESS	290 NW 165 #M-600	1.3 STREET ADDRESS	18051 BISCAYNE BLVD # 1201
CITY-ST-ZIP	NO MIAMI BCH. FL 33169	1.4 CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	LAHAM, TANIA	2.2 NAME	
STREET ADDRESS	11740 KIMMIE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	SHOUCAIR, EDWARD	3.2 NAME	
STREET ADDRESS	18051 BISCAYNE BLVD 1201	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL 33160	3.4 CITY-ST-ZIP	
TITLE	D. <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	SHOUCAIR, HUGUETTE	4.2 NAME	
STREET ADDRESS	18051 BISCAYNE BLVD # 1201	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33160	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 appears in Block 12 or Block 13 if changed, or in an attachment with an address

SIGNATURE \_\_\_\_\_ DATE 9/16/97

CR2E034 (4/97)