FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(4)

MANN MADE ADDITIONS, INC.

FILED May 04 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | | | | | A THE THE STATE OF THE PARTY OF | I BREEL WEELE | reat mênei mini | I BIRIT ME | #11 # 1#1 | | |
|---|--|----------|----------------------------------|-----------------|----------------|----------------|----------|------------------------|---------|--------------|--|---------------|-----------------|------------|------------------|------------|----------|
| 4148 S.W. 70TH COURT 4148 S.W. 70TH COURT | | | | | | OURT | 1 | | | | | | | | | | |
| MIAMI FL 33155 | | | | | MIAMI FL 33155 | | | | | | DO NOT WRITE IN THIS SPACE | | | | | | |
| , | | | | | | | | ł | | | 3. Date Incorporated or | Qualified | 1 | | | | |
| | | | | | | | | | | | 01/21/1971 | | | | -, | | |
| 2. Principal P | SA/ | | • | | ·· ¬ | ling Address | in i | | | | 4. FEI Number | 01 | PR* | - | _ | plied For | |
| Suite, Apt. | #. elc. | · ((2 | | 2 | | e, Apt. #, etc | c. / | - | | | 59-1324627 | | | \$R | | Applicable | - |
| 22 | | | | 2 | 7 | | | | | | 5. Certificate of Status I | Desired | | | | quired | |
| City & State | | | | City & State | | | / | | | | 6. Election Campaign Financing \$5.00 May | | | | | | |
| Zip Q | | | ountry | ry 28 Zip | | | | Country | | | Trust Fund Contribution Added to Fees | | | | | | 4 |
| 24 Zip | 2ip 25 | | | 29 | | | - | | ry | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | | | | |
| | 9. Name | | ddress of Cur | | | 1 Agent | 3 | 1 | | | 10. Name and Address | _ | | | | j 140 | \dashv |
| MA | NN, BARR | | | | | | | 8 | न | Name | | | | | | | 7 |
| | 48 S.W. 70 | | URT | | | | | - | 2 | Street Ar | ddress (P.O. Box Number is No | t Accent | ablo) | | | | _ |
| MIAMI FL 33155 | | | | | | | | L | \perp | | JOIESS (I.O. DOX NOTINGE IS NO | | | | | · | |
| | | | | | | | | 8 | 3 | | | | | | | | - |
| | | | | | | | | 8 | 4 | City | | | FL | 85 | Zip (| ode | |
| 11. Pursuant | to the provis | ions of | Sections 607 (| 0502 and | 1 607 15 | 08. Florida ! | Statutes | the abo |)Ve- | named c | orporation submits this stateme | nt for the | | chang | ing its | registered | 1 |
| office or re | egistered ad | aent, or | both, in the St accept the of | ate of Flo | orida Si | uch change: | was au | thorized: | b٧ | the corpo | ration's board of directors. I he | reby acc | ept the app | ointme | nt as | registered | |
| SIGNATURE | Ci-st-st-st-st-st-st-st-st-st-st-st-st-st- | | | , | in a out | | INOTO | Da sistemand / | | | guired when reinstating) | | DATE | | | | . |
| 12. | Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS | | | | | | | 13. | цет | s gnature le | ADDITIONS/CHANGES | 10 OFF | | DIREC | TOR | S IN 12 | ⊣ნ |
| TITLE | V | | | | | DELET | E | 1.1 TITU | E | | | | | Cha | | Additio | - 10/0t/ |
| NAME | MANN, | BARRY | R | | | | | 1,2 NAM | Ε | | | | | | | | - 1.7 |
| STREET ADDRESS | | | H COURT | | | | | 1.3 STRE | ET A | ADDRESS | | | | | | | FOR |
| CITY-ST-ZIP | MIAMI | <u> </u> | | | | | | 1.4 CITY | _ | -ZIP | | | | - | | | ∏ફે |
| TITLE | | | | | | ☐ DELET | E | 2.1 1HL | | | | | | L Chi | ange | Additio | م ار |
| NAME | | | | | | | | 22 NAM | | | | | | | | | |
| STREET ADDRESS | | | | | | | | 4 | | ADDRESS | | | | | | | - [|
| CITY-ST-ZIP TITLE | | | | | | DELET | F | 2. 4 CITY 3.1 TITLE | | I - ZIP | _ | | | ☐ Cha | anne | ☐ Additio | <u>_</u> |
| NAME | | | | | | | - | 3.2 NAM | | | | | | | - '9" | | " |
| STREET ADDRESS | | | | | | | | 3.3 STRE | | ADDRESS | | | | • | | | |
| CITY-ST-ZIP | | | | | | | | 3.4. CITY | | | | | | | | | |
| TITLE | | | - | | | ☐ DELET | E | 4.1 1ITL | | | | | | Cha | ange | Addition | n |
| NAME | | | | | | | | 4. 2 NAN | ME. | | | | | | | | |
| STREET ADDRESS | | | | | | | | 4.3 STRE | ET # | ADDRESS | | | | | | | 1 |
| CITY-ST-ZIP | | | | | | | | 4.4 CITY | _ | -ZIP | | | | | | | _ |
| TITLE | | | | | | DELET | E | 5.1 TITLI | | - 1 | | | | Cha | ange | Addition | n |
| NAME | | | | | | | | 5.2 NAM | | | | | | | | | 1 |
| STREET ADDRESS | | | | | | | | 1 | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | . | | | | | DELET | F | 5.4 CITY 6.1 TITLE | _ | - ZIP | | | | Cha | ange | Addition | <u></u> |
| TITLE NAME | ı | | | | | בין טנננו | | 6.2 NAM | | - | | | | UI12 | មណីភ | | " |
| STREET ADDRESS | | | | | | | | 6.3 STRE | | LOORESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | | 6.4 CITY | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

14. Thereby 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 on an attachment with my address.

) BARRY P. MANN