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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 536495

(5)

MANOBEC CORPORATION

FILED

Apr 24 1997 8:00am

Secretary of State

Principal Place of Business			Maning Address									
1310 S. HARBOR CITY BLVD. MELBOURNE FL 32801			1310 S. HARBOR CITY BLVD. MELBOURNE FL 32901-3209									
							3. Date Incorporated or Qualified 06/06/1977	3a. Dat			eport	
2. Principal Pl	lace of Business	26	a. Mailing Address				4. FEI Number			Ap	plied For	
21			26				15-1006250	Not Applicable				
Sulte, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing		\$5	.00	May Be	
23			28				Trust Fund Contribution				o Fees	
Zip	Country	Country Zip		L	Country		8. This corporation has liability for li	tangible t	ax un	der s	199.032,	
24	25	29 30		30			Florida Statutes Yes No					
	9, Name and Address of Curren	t Regi	istored Agent				10. Name and Address of New Reg	istered A	gent		*** *** * * * * * * * * * * * * * * *	
697	PERANCE, FLORENT SADNET CIRCLE W BAY FL 32906			81 Name 82 Street Ad 83			ddress (P.O. Box Number is Not Acceptable)					
					84	City			85	Zip (Code	
				["	-	Oity		FL	65	z.ip t		
SIGNATURE	m familiar with, and accept the obligation of th	nnt air ditit	tte il applicable. (NG	IIE: Registered			red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDO AND		OTO:	O IN 19	
12.	OFFICERS AN	O DIRE	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ENS AND			Addition	
TITLE	L'ESPERANCE, FLORENT		C DILLET	1.1 JUL 1,2 NAI					∪₁	ungu	Addition	
NAME	897 SADNET CIRCLE			1		1000000						
STREET ADDRESS	PALM BAY FL					ADDRESS						
CITY-ST-ZIP	S		DELETE	2.1 Till		51 - ZIF			T Ci	anne	Additio	
NAME	L'ESPERANCE, FRANCOISE		_ вень	2.2 NAI					v.	.u., g.	<u></u>	
STREET ADDRESS	897 SADNET CIRCLE					ADDRESS						
CITY-ST-ZIP	PALM BAY FL			2.4 01								
TITLE			DELLTE	3.1 1111		31-31	~···		☐ Ci	ange	Addition	
NAME				3 2 NA						-	_	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP						S1-ZIP						
TITLE			DELETE	4.1 111	_	· · · · · · · · · · · · · · · · · · ·			Ci	nange	Addition	
NAME			- -	4. 2 NA								
STREET ADDRESS						ADDRESS						
-CITY-ST-ZIP				4.4 CIT	-							
TITE			DELETE	5.1 111		e - 160			☐ CI	ange	Addition	
NAME			•	5.2 NAI								
STREET ADDRESS				l l		ADDRESS						
CITY-ST-ZIP				5.4 CI1								
TITLE			DELETE	6.1 1/1		···			Ci	nange	Additio	
NAME				6.2 NA						•		
STREET ADDRESS				a di		I ADDRESS						
\$ ***				. I								
CITY-ST-ZIP	İ			6.4 CIT	۲- ۱	51-716 I						

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 eath; 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 planged, or span an achieve the anaderess.

4. AM 17019 - JE 1/11