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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 26 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation MANER	n Na me	# 63177 Estate, Inc.	4	(7)							
Principal Place	e of Busines	s	Mailing Addr	ress				-	4191 41911 6 1	All Alfil Atan mia	IS BIRSI IMBI
631 US HIGH	IWAY 1		631 US HIG	HWAY 1							
SUITE 405			SUITE 405				DO NOT WE	TC 161 TO 110	00405		
NORTH PALM BEACH FL 33408			NORTH PALM BEACH FL 33408				DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifie 08/03/1979	ם		
2. Principal P.	lace of Busin	ness	2a. Mailing A	ddress				4. FEI Number		Ar	plied For
21			26					59-1928482		No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
22			27				6. Certificate of states besired		Fee Re	quired	
City & State			Criy & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
^{Zip}		Country	Zip		Count	ry		8. This corporation owes or has	•	urrent year Int	angible
24 25 29 29 29 29 29 29 29 29 29 29 29 29 29					30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
			nt Hegistered Age	nr	В	1 Name		10. Name and Address of New	registered	ı Ağent	
MANERA, JOE 1710 ARDLEY RD.					L			(D.O. Davidson having black days and	inhle)		
JUNO ISLES FL 33408					8:		Addre	ss (P.O. Box Number is Not Accep	adie)		
					8						
						4 City			F		Code
11. Pursuant office or r	to the provisegistered ag	iens of Sections 607.050 cent or both, in the State ith and accept the oblic	02 and 607.1508, Fig. of Florida, Such considers of Section (lorida Statut hange was	les, the abo authorized to orida Statut	ve-namec by the cor	corpo poratio	oration submits this statement for the on's board of directors. I hereby acc	e purpose cept the ap	of changing it opointment as	s registered registered
SIGNATURE	- 71 to	e /la	pen-	<u>- برکا د</u>	TEX	udo	7			3/1	198
-	Signatura typed	for printed name of registered ag	gent and title if applicable ND DIRECTORS	TO/I)		gent signature	e required	when reinstaling)	DATE	ID DIDECTOR	C IN 40
12.	1	OFFICENS AN		DELETE	13. 1.1 Title		1	ADDITIONS/CHANGES TO OF	TUERS AN	Change	Addition
NAME	MANER	A. JOE	_		1.2 NAME						
STREET ADDRESS		1 SUITE 405				t address					
CITY-ST-ZIP		PALM BEACH FL			1.4 CiTY		1				
TITLE				DELETE	2.1 TITLE		1			Change	Addition
NAME										Fillian Ac	
STREET ADDRESS					2.2 NAME	:				L tilange	
						et address				C. Gliange	
CITY-ST-ZIP	l					T ADDRESS				Lan Cilonge	
TITLE				DELETE	2.3 STRE	T ADDRESS				Change	☐ Addition
				DELETE	2.3 STRE 2. 4 CITY	T ADDRESS -ST-ZIP					Addition
TITLE] DELETÉ	2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME	T ADDRESS -ST-ZIP					Addition
TITLE NAME					2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME	-ST-ZIP				☐ Change	
TITLE NAME STREET ADDRESS				DELETE	2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI	- ST - ZIP ET ADDRESS - ST - ZIP ET ADDRESS - ST - ZIP					Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STREI 3.4. CITY	T ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP				☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STREI 3.4. CITY 4.1 TITLE 4.2 NAMI 4.3 STREI	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E				☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			L] DELETE	2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			L		2.3 STREI 2. 4 CITY 3.1 TITLE 3.2 NAMI 3.3 STREI 3.4 CITY 4.1 TITLE 4. 2 NAMI 4.3 STREI 4.4 CITY 5.1 TITLE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP				☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			L] DELETE	2.3 STREI 2. 4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4. 2 NAME 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAME	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			L] DELETE	2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STAEI 3.4. CITY 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREI 5.3 STREI	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DELETE	2.3 STREI 2. 4 CITY 3.1 TITLE 3.2 NAMI 3.3 STREI 3.4 CITY 4.1 TITLE 4. 2 NAMI 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STREI 5.4 CITY	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP				Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE] DELETE	2.3 STREI 2. 4 CITY 3.1 TITLE 3.2 NAMI 3.3 STREI 3.4. CITY 4.1 TITLE 4. 2 NAMI 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STREI 5.4 CITY 6.1 TITLE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DELETE	2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STREI 6.1 TITLE 6.2 NAMI	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP				Change Change	Addition Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.