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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION CF CORPORATIONS

## DOCUMENT # 633509

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90004 015 \*\*\*150.00

MANTOV	'ANI INVESTMENTS, INC.							
Principal Place	e of Business	Mailing Address				A1111 BEITS 1811 A. A.	31311 31017 4727	
BOX 618127 BOX 618127 ORLANDO FL 32861					DO NOT	WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qua	alifed		
					08/23/1979			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			r plied For
21		26			59-1933074			ct Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desir	red 🗆		≀\dditional ∈ quired
City & State		City & State			6. Election Campaign Finar	icina —	\$5.00	May Be
23	-	28			Trust Fund Contribution	.sg		10 Fees
Zip	Country	Zip	Countr	у	8. This corporation owes th	e current year In	ntangible	
24	25	29	30		Personal Property Tax.		Yes	□No
<del></del>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of I	New Registered	Agent	
	70.//AH DODERS 4		81	1 Name				Ì
MANTOVANI, ROBERT A			82	2 Street A	ddress (P.O. Box Number is Not A	cceptable)		
	ASHLEY PARK COURT							
STE			83	3				
UHL	ANDO FL 32835		84	4 City			85 Zip	Code
			1	1 ,		Fil		
34 5	the residence of Captions 607.050	2 and 607 1609 Florida Statut	oc the abov	named c	arporation submits this statement for	or the nurpose of	of changing it	s registered
office or re agent. I ai	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was a	uthorized by	v the comor	orporation submits this statement for ation's board of directors. I hereby	or the purpose of accept the ap of	of changing it pintment as r	s registered eqistered
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14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/49 Date 407-578-6908

CR2E034 (11/98