SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $238.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 24 PM 2:51

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DOCUMENT # **705705**

1. Corporation Name
PLANTATION MANORS UNIT NO. 1, INC.

Principal Place of Business	Mailing Address
6851 CYPRESS ROAD #21 PLANTATION FL 33317	6851 CYPRESS ROAD #21 PLANTATION FL 33317

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/03/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1140325 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HRICA, JEANNE M.
6851 CYPRESS RD #12
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: ALEXANDER, CORINTHIA
82 Street Address (P.O. Box Number is Not Acceptable): 6751 CYPRESS RD #312
83
84 City: PLANTATION FL 85 Zip Code: 33317

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

X _____ 9/21/99
SIGNATURE (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HRICA, JEANNE M. 6851 CYPRESS RD. #12 PLANTATION, FL 00000	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P ALEXANDER, CORINTHIA 6751 CYPRESS RD #312 PLANTATION, FL 33317 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HELEN STAUDENMAIER 6851 CYPRESS RD. #17 PLANTATION FL 33317	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP WEGMAN, E. 6851 CYPRESS RD # 18 PLANTATION, FL. 33317 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LONDON, NORMAN 6851 CYPRESS RD. #7 PLANTATION, FL 33317	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SEC TREAS CUTHBERTSON, ESTHER 6751 CYPRESS RD #412 PLANTATION, FL. 33317 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRESSING, PETER 6851 CYPRESS RD #3 PLANTATION, FL 00000	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D SVERAK, JR. - JOSEPH J. 6851 CYPRESS RD #12 PLANTATION, FL. 33317 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEGMAN, E 6851 CYPRESS RD #18 PLANTATION FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D VOGELSANG, R.L. 1909 AVE. E. ROSENBERG, TEXAS 77471 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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****183.75 ****183.75 AD

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 617, 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: _____ 9-21-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)