

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F91244 (6)

1. Corporation Name

MANIAN, INC.



Principal Place of Business

2650 COUNTERSIDE BLVD. A109
CLEARWATER FL 34621

Mailing Address

2650 COUNTERSIDE BLVD. A109
CLEARWATER FL 34621

2. Principal Place of Business

2a. Mailing Address

21 4583-C Clark Rd

26 2650 Counterside Blvd A109

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C

27 A-109

City & State

City & State

23 SARASOTA FLA

28 Clearwater FLA

Zip

Country

Zip

Country

24 34233

25 SARASOTA

29 34621

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CARRION, RAMON P.A.
913 CHESTNUT ST. #G
CLEARWATER FL 33516~~

ADDRESS
CHANGE

81 Name

PAUL T. PIETRAFESA & CO

82 Street Address (P.O. Box Number is Not Acceptable)

25400 US 19 N

83

Suite 260

84 City

Clearwater

FL

85 Zip Code

34623

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

George Manoschian

4-29-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MANOOSHIAN, GEORGE C
STREET ADDRESS 2650 COUNTRY SIDE BLVD A109
CITY-ST-ZIP CLEARWATER FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

George Manoschian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

813-725-4440

Date

Telephone Number

CR2E034 (12/95)