

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G37746** (6)

1. Corporation Name
MANBAR, INC.



Principal Place of Business: **14406 12TH STREET DADE CITY FL 33525 US**
Mailing Address: **14406 12TH STREET DADE CITY FL 33525 US**

3. Date Incorporated or Qualified: **05/10/1983**
3a. Date of Last Report: **03/15/1995**
4. FEI Number: **59-2288484**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **GREENFELDER, GLEN E., ATTNY AT LAW 14217 THIRD STTEET DADE CITY FL 33525**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

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 my obligations under s. 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2-22-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: MANDER, A R III	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 14402 OLD MISSION RD	CITY-ST-ZIP: DADE CITH FL	1.2 NAME	
TITLE: DV	NAME: MANDER, A. R., JR.	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 37411 LAYTON DR.	CITY-ST-ZIP: DADE CITY FL	1.4 CITY-ST-ZIP	
TITLE: DS	NAME: MANDER, DEANNA B.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 14402 OLD MISSION RD.	CITY-ST-ZIP: DADE CITY FL	2.2 NAME	
TITLE: DT	NAME: BARDIN, KATHARINE T.	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 14406 12TH STREET	CITY-ST-ZIP: DADE CITY FL	2.4 CITY-ST-ZIP	
TITLE: D	NAME: MANDER, FRANCES B.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 37411 LAYTON DR.	CITY-ST-ZIP: DADE CITY FL	3.2 NAME	
TITLE: <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 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: *[Signature]* **AR-MANDER III** DATE: **2-22-96** OFFICE PHONE: **904-567-0411**

CR2E034 (12/95)