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FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33523-3360  
US**

3. Date Incorporated or Qualified **05/10/1983** 3a. Date of Last Report **02/27/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**59-2288484**

Applied For  
Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENFELDER, GLEN E., ATTY AT LAW  
14217 THIRD STTEET  
DADE CITY FL 33525**

81 Name

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

83

84 City

**FL**

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 the obligations of, Section 607.0505, Florida Statutes.

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	DP	<input type="checkbox"/> DELETE
NAME	MANDER, A R III	
STREET ADDRESS	14402 OLD MISSION RD	
CITY-ST-ZIP	DADE CITH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MANDER, A. R., JR.	
STREET ADDRESS	37411 LAYTON DR.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MANDER, DEANNA B.	
STREET ADDRESS	14402 OLD MISSION RD.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BARDIN, KATHARINE T.	
STREET ADDRESS	14406 12TH STREET	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANDER, FRANCES B.	
STREET ADDRESS	37411 LAYTON DR.	
CITY-ST-ZIP	DADE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *A R Mander President* A R MANDER III 1-30-97 352-567-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)