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Feb 18, 1999 8:00am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G37746

1. Corporation Name
MANBAR, INC.



Principal Place of Business
14406 12TH STREET
DADE CITY FL 33523-3360
US

Mailing Address
14406 12TH STREET
DADE CITY FL 33523-3360
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/10/1983

4. FEI Number
59-2288484

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENFELDER, GLEN E., ATTN: AT LAW
14217 THIRD STREET
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 DELETE
NAME MANDER, A R III
STREET ADDRESS 14402 OLD MISSION RD
CITY-ST-ZIP DADE CITH FL

1.1 TITLE Change Addition

TITLE DV DELETE
NAME MANDER, A. R., JR.
STREET ADDRESS 37411 LAYTON DR.
CITY-ST-ZIP DADE CITY FL

1.2 NAME

TITLE DS DELETE
NAME MANDER, DEANNA B.
STREET ADDRESS 14402 OLD MISSION RD.
CITY-ST-ZIP DADE CITY FL

1.3 STREET ADDRESS

TITLE DT DELETE
NAME BARDIN, KATHARINE T.
STREET ADDRESS 14406 12TH STREET
CITY-ST-ZIP DADE CITY FL

1.4 CITY-ST-ZIP Change Addition

TITLE D DELETE
NAME MANDER, FRANCES B.
STREET ADDRESS 37411 LAYTON DR.
CITY-ST-ZIP DADE CITY FL

2.1 TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP Change Addition

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 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: Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 352-567-6417
Date Daytime Phone #

CR2E034 (1/98)