## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G66500**

Principal Place of Business

MANNAUSA DEVELOPMENT COMPANY

1343 MAIN STREET. 5TH FLOOR SARASOTA FL 34236		1343 MAIN STREET. 5TH FLOOR SARASOTA FL 34236			DO NOT WRITE IN THIS SPACE						
								3. Date Incorporated or Qua 10/26/1983	alifed		
2. Principal Pl	lace of Business		2a. Mailin	ng Address				4. FEI Number			Applied For
21			26	_				59-2334202			Not Applicable
Suite, Apt. i	#, etc.		Suite,	, Apt. #, etc.			-	5. Certifcate of Status Desi	ed 🗆	• -	Additional Required
City & State	e		City 8	& State				Election Campaign Finar     Trust Fund Contribution	icing []		May Be
23			Zip		Cour	atry		8. This corporation owes th	o current year		
Zip -		Country	<b>├</b> ──		30	,		Personal Property Tax.	e current year	Yes	□No
24	25	LAddenna of Curren	29	Agent	[30]		_	10. Name and Address of	New Register	ed Agent	
	9. Name and	Address of Currer	it Kegistered	Agent		81	Name				
MAN	INAUSA, THOI	I ZAN								<del></del>	
		T, 5TH FLOOR				82	Street Addr	ress (P.O. Box Number is Not A	cceptable)		
	ASOTA FL 342					83			1		
					ļ	84	City	The second of th	F	85 Zi	p Code
11. Pursuant office or reagent. I al	to the provisions egistered agent, im familiar with,	of Sections 607.050 or both in he State and accept the obliga	2 and 607.150 of Florida. Suc tions of, Section	08, Florida Statut ch change was a on 607.0505, Flo	tes, the at authorized orida Statu	oove- by thutes.	named corp he corporation	poration submits this statement f on's board of directors. I hereby	or the purpose accept the ar	of changing pointment as	its registered registered
SIGNATURE	to the provisions egistered agent, im familiar with, a Signature, typed or pr	inted name of registered age	at and title if applica	able. (NOTE	E: Registered			poration submits this statement foon's board of directors. I hereby	DATE		
SIGNATURE	Signature, typed or pr	inted name of registered age		RS (NOTE	E: Registered	Agent :		ed when reinstating)	DATE	AND DIREC	TORS IN 12
SIGNATURE	Signature, typed or pr	inted name of registrated age OFFICERS AN	at and title if applica	able. (NOTE	E: Registered 13.	Agent :		ed when reinstating)	DATE		TORS IN 12
SIGNATURE	Signature, typed or pr	OFFICERS AN	at and title if applica	RS (NOTE	E: Registered 13. 1.1 TII 1.2 NA	Agent :	signature require	ed when reinstating)	DATE	AND DIREC	TORS IN 12
SIGNATURE  12.  TITLE	PST MANNAUSA 1343 MAIN	OFFICERS AN THOMAS J. ST, 5TH FLOOR	at and title if applica	RS (NOTE	13. 1.1 TII 1.2 NA 1.3 ST	Agent : LE ME REET A	signature require	ed when reinstating)	DATE	AND DIREC	TORS IN 12
SIGNATURE  12.  TITLE  NAME	PST MANNAUSA 1343 MAIN S SARASOTA	OFFICERS AN THOMAS J. ST, 5TH FLOOR	at and title if applica	able. (NOTE RS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII	Agent : TLE ME REET A	signature require	ed when reinstating)	DATE	AND DIREC	TORS IN 12 e Addition
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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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of changed for on an attachment with an address with all other like approximated. ress, with all other like empowered. Block 12 or Block 13 if changed or on an attai

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

**FILED** 

Feb 15, 1999 8:00am

**Secretary of State** 

02-15-1999 90021 012 \*\*\*150.00