

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montmart
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

50 MAY 10 AM 10:25

DOCUMENT # **G67099**

(3)

THE MANTA GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O RICHARD NEIMAN
8521 NW 21ST COURT
CORAL SPRINGS FL 33071**
Mailing Address: **C/O RICHARD NEIMAN
8521 NW 21ST COURT
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

1. Date of Incorporation or Organization 10/28/1983		3a. Date of Last Report 04/15/1994	
2. FET Number 59-2369014		Applied For ☐ Not Applicable	
3. Certificate of Status (Required) ☐		\$8.75 Additional Fee Required	
4. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
5. This corporation has failed to file the report required by 1995 Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent NEIMAN, RICHARD 8521 N.W. 21ST COURT CORAL SPRINGS FL 33071		10. Name and Address of New Registered Agent B1. Name B2. Street Address (If No Number, Put an Acceptable) B3. B4. City FL B5. Zip Code	
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11. I, undersigned, the person named in Sections 607.02(2) and 607.15(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the place specified in this report. Such change was authorized by the corporation's Board of Directors, if any, or by the appointment of a registered agent. I am, therefore, authorized to execute and file this report and to file this statement.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN:	
OFFICER	DP NEIMAN, RICHARD 8521 NW 21ST CT CORAL SPRINGS FL 33071	1. NAME	☐ Change ☐ Addition
NAME		2. NAME	☐ Change ☐ Addition
STREET ADDRESS		3. STREET ADDRESS	☐ Change ☐ Addition
CITY		4. CITY	☐ Change ☐ Addition
STATE		5. STATE	☐ Change ☐ Addition
ZIP CODE		6. ZIP CODE	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. STREET ADDRESS	☐ Change ☐ Addition
CITY		9. CITY	☐ Change ☐ Addition
STATE		10. STATE	☐ Change ☐ Addition
ZIP CODE		11. ZIP CODE	☐ Change ☐ Addition

14. I, undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.02(2) and 607.15(2), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of this report or on an attachment with my address.

SIGNATURE: *Nancy R. Neiman* VP. **5/12/95** **305-753-0390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR