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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 14 1998 8:00am Secretary of State

DOCUMENT # G67099 (3) THE MANTA GROUP, INC. Principal Place of Business Mailing Address C/O RICHARD NEMAN 6521 NW 21ST COURT CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1983 2. Principal Place of Business 2. Mailing Address 4. FEI Number	
C/O RICHARD NEMAN 8521 NW 21ST COURT CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1983	
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CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1983	CE
10/28/1983	
	Applied For
21 26 59-2369014	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	8.75 Additional Fee Required
	\$5.00 May Be
	Added to Fees
Zip Country 7ip Country 8. This corporation owes or has paid the current	
24 25 29 30 Personal Property Tax due June 30. Ye 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
Total vi	
NEIMAN, RICHARD 8521 N.W. 21ST COURT 82 Street Address (P.O. Boy Number is Not Acceptable)	
CORAL SPRINGS FL 33071	
83	
84 City	5 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 charge of the corporation's board of directors. I hereby accept the appointr agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	nging its registered nent as registered
SIGNATURE	
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	ECTODO IN 12
	Change Addition
NAME NEIMAN, RICHARD 1.2 NAME	
STREET ADDRESS 8521 NW 21ST CT 1.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 1.4 CITY-ST-ZIP	
	Change
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2: 4 CITY-ST-ZIP 2: 4 CITY-ST-ZIP DELFTE 3:1 TITLE	Change Addition
NAME 32 NAME	- · -
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 34. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	Change
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE □ DELETE 5.1 TITLE	Change Addition
NAME 5.2 NAME	· —
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	Change
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
6.6 CITY-ST-ZIP 14. I hereby certify that the information apprilice with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify indicated on this angual report or surplemental argual report is true and accurate and that my signature shall have the same legal effect as if made under	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 it made under our; that I am a officer or director at the corporation or the freceiver 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 a statistical with an address.