


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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90034 042 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H09675

1. Corporation Name
J & R MANNO UNIFORMS, INC.



Principal Place of Business 3115 LAKE WORTH RD LAKE WORTH FL 33461 US	Mailing Address 8826 NW 20TH MANOR CORAL SPRINGS FL 33071 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 3115 Lake Worth Rd		3. Date Incorporated or Qualified 06/26/1984	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2433955	
City & State 23		City & State 28 Lake Worth, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33461		Country 30 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 29		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MANNO, JERRY F.
6041 B. KIMBERLEY BLVD.
N. LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81 Name **Joshua Robinson**
82 Street Address (P.O. Box Number is Not Acceptable)
3115 Lake Worth Rd.
83
84 City **Lake Worth** **FL** **85** Zip Code **33461**

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

1/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PETER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANNO, JERRY		1.2 NAME Joshua Robinson	
STREET ADDRESS 8826 N.W. 20TH MANOR		1.3 STREET ADDRESS 3115 Lake Worth Rd	
CITY-ST-ZIP CORAL SPRINGS FL		1.4 CITY-ST-ZIP Lake Worth, FL 33461	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V,S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANNO, RUTH		2.2 NAME Gerriann Robinson	
STREET ADDRESS 8826 N.W. 20TH MANOR		2.3 STREET ADDRESS 3115 Lake Worth Rd.	
CITY-ST-ZIP CORAL SPRINGS FL		2.4 CITY-ST-ZIP Lake Worth, FL 33461	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/99

CR2E034 (11/98)