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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H40555

(5)

MAN-CON, INCORPORATED

## FILED Apr 17 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |   |   |                             |  |  | <b>1811 B.B.</b> 1 B.B. 1 B.B. 1 B.B. 1 B.B. 1 |
|---|---|---|-----------------------------|--|--|--|
|   |   |   |                             |  |  |  |
| 3480 S.W. 11<br>DEEREIELD R   | •   | 3460 S.W. 11TH STREET<br>DEERFIELD BEACH FL 33442 |                             |  |  |  |
| DEERFIELD BEACH FL 33442 US   |   | US  |                             | DO NOT WRITE IN THIS SPACE                             |  |  |
|   |   |   |                             |  | 3. Date Incorporated or Qualified  |  |
|   |   |   |                             |  | 01/31/1985   |  |
| 2. Principal Place of Business  |   | 2a. Mailing Address                               |                             | 4. FEI Number  | Applied For  |  |
| 21  |   | 26  |                             | 59-2547432   | Not Applicable   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                               |                             | 5. Certificate of Status Desired                       | \$8.75 Additional  |  |
| City & State  |   | City & State                                      |                             |  | Fee Required   |  |
| 23  |   |   |                             | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be  |  |
| Zip   |   |   | Country                     |  |  | Added to Fees                                  |
| 24  | 25  | 29  | 30                          |  | This corporation owes or has paid the Personal Property Tax due June 30. | Current year Intangible                        |
|   | 9. Name and Address of Current Registered Agent       |   | 1301                        |  | 10. Name and Address of New Registered Agent                             |  |
| ✓ MA  | NCINI, GUY A.   | <del>_</del>                                      | 81                          | Name   |  |  |
| 3460 S.W. 11TH STREET   |   |   | -                           | Church Add   | (DO Danklan)   |  |
|   | ERFIELD BEACH FL 33442                                |   | 82 Street Ad                |  | dress (P.O. Box Number is Not Acceptable)                                |  |
| 4 5/1   | Lingle benon ( E 30772                                |   | 83                          |  | · · · · · · · · · · · · · · · · · · ·                                    |  |
|   |   |   |                             |  |  |  |
|   |   |   | 84                          | City   | F  | 85 Zip Code                                    |
| 11. Pursuant  | to the provisions of Sections 607.050                 | 2 and 607 1508, Florida Statu                     | les, the abov               | e-named cor  |  |  |
| 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   | Signature, typed or printed name of registered ageing | of and title if applicable (NO                    | TE: Registored Ag           | ent signature requ                                     | uired when reinstating) DATE   |  |
| 12.   | OFFICERS AND  |   | 13.                         |  | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTORS IN 12                             |
| TITLE   | DPT   | ☐ DELETE  | 1.1 TITLE                   | 1  |  | Change   |
| NAME  | MANCINI, GUY A.                                       |   | 12 NAME                     |  |  |  |
| STREET ADDRESS  | 3460 S.W 11TH STREET                                  |   | 1.3 STARET                  | ADDRESS  |  |  |
| CITY-ST-ZIP   | DEERFIELD BEACH FL                                    |   | 1.4 CITY-ST-ZIP             |  |  |  |
| TITLE   | OSV   | DELETE  | 2.1 TITLE                   |  |  | Change Addition                                |
| NAME  | MANCINI, JEFFREY J.                                   |   |                             |  |  |  |
| STREET ADDRESS  |   |   | 2.3 STREET                  | ADDRESS  |  |  |
| CITY-ST-ZIP   | DEERFIELD BEACH FL.                                   | D or ere  | 2. 4 CITY -                 | ST-ZIP   |  |  |
| TITLE   | DV  | ☐ DELETE  | 3.1 TITLE                   |  |  | L Change                                       |
| NAME  | MANCINI, ANTHONY J.                                   |   | 3.2 NAME                    |  |  |  |
| STREET ADDRESS  |   |   |                             | ADDRESS  |  |  |
| CITY-ST-ZIP   | DEERFIELD BEACH FL                                    | ☐ DELETE  | 3.4. CITY-:                 | ST-ZIP   |  | Change Addition                                |
| TITLE   | DAS<br>MANCINI MICHAEL G                              | Fr Detet  | 4.1 TITLE                   |  |  | L Change L Addition                            |
| NAME<br>OTDECT ADDRESS  | MANCINI, MICHAEL G.                                   |   | 4. 2 NAME                   | *000000  |  |  |
| STREET ADDRESS  | 3460 S.W. 11TH STREET<br>DEERFIELD BEACH FL           |   | 4.3 STREET                  |  |  |  |
| CITY-ST-ZIP<br>TITLE  | DECHLIEFD DEVOU LF                                    | DELETE  | 4.4 CITY-S<br>5.1 TITLE     | II - ZIP   | 40000024939  | Ehange Addition                                |
| NAME  |   | La procit   | 5.2 NAME                    |  | <b>4000024935</b><br>-04/20/98010780                                     | 320  |
| STREET ADDRESS  |   |   | 5.3 STREET                  | ADDRESS  | ***150.00  | •  |
| CITY-ST-ZIP   |   |   | 5.4 CITY - S                |  | - <del></del>  |  |
| TITLE   |   | DELETE  | 6.1 TITLE                   | 1-EIF  |  | Change Addition                                |
| NAME  |   |   | 6.2 NAME                    |  |  | 06   |
| STREET ADDRESS  |   |   | 6.3 STREET                  | ADDRESS  | ا م  |  |
| CITY-ST-ZIP   |   |   |                             |  |  | 4,4,   |
| 14. I hereby c  | ertify that the information supplied wit              | th this filing does not qualify f                 | 6.4 CITY-S<br>for the exemp | tion stated in   | n Section 119.07(3)(i), Florida Statutes. I further                      | certify that the information                   |
| indicated on this annual report or subplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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, of on an allegiment with an address.  |   |   |                             |  |  |  |