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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 🦫

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # H8343	32 (5)						
B & R (OF MANALAPAN, INC.							
Principal Place of	of Business	Mailing Address			1 10 10 10 10 10 10 10 10 10 10 10 10 10			
224 S OCEAN BLVD MANALAPAN FL 33462		2165 OCEAN BLVD. MANALAPAN FL 3346	2165 OCEAN BLVD. MANALAPAN FL 33462					
					3. Date Incorporated or Qualified 10/31/1985		of Last Rep	
2. Principal Plac		2a. Mailing Address			4. FET Number	1		pplied For
21	ito Chrasges	26			59-2624099		بتناهم بإبري	ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		• -	Additional equired
City & State	and the second s	City & State			6. Election Campaign Financing	F3		May Be
23	· · · · · · · · · · · · · · · · · · ·	28			1rust Fund Contribution			to Fees
Zιρ • 24]	Country 25	Ζφ 29	Country 30		This corporation has liability for Elorida Statutes	intangible ta:	x under s 1	199.032,
	9. Name and Address of Curre	ent Registered Agent		Liblania	10. Name and Address of New F	Registered A	\gent	
BUAR 1	FOLLADO		81					
RHODA, EDWARD 224 S OCEAN BLVD MANALAPAN FL 33409			82 Street 83		ress (P.O. Box Number is Not Acceptat	ole)		
17 W 11 W 11 ₆ W	74112 00100		84	City			85 Zip	Code
			"	City		FL		
11. Pursuant to or registere familiar with	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor in, and accept the obligations of, Sec	02 and 607.1508, Florida Statu rida. Such change was authori ction 607.0505, Florida Statute	ites, the above r ized by the corp es.	 named corpo oration's boa	ration submits this statement for the pure of directors. Thereby accept the app	rpose of cha ordinent as	nging its re registered a	gistered office agent Lam
11. Pursuant to or registere familiar with SIGNATURE \$\frac{1}{5}\$	Signature: typed or printed name of registered age:	Rhodo	ites, the above rized by the corpose.		ration submits this statement for the pure of directors. Thereby accept the appointment train. ADDITIONS/CHANGES TO OFF	æ DABE	11-4	. 6
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certify that the information indicated on this arriver 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 truete 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

3-25-96 407-626-1927