

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H88845 (3)

1. Corporation Name

JOSEPH L. MANNIKKO, P.A.

Principal Place of Business

Mailing Address

**215 S. FEDERAL HWY. SUITE 100
STUART FL 34994**

**215 S. FEDERAL HWY. SUITE 100
STUART FL 34994**



2. Principal Place of Business 21 218 ATLANTA AVE Suite, Apt. #, etc. 22 City & State 23 STUART Zip 24 34994 Country 25 MARTIN		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 V Country 30	
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3. Date Incorporated or Qualified 12/09/1985	3a. Date of Last Report 02/10/1995
4. FEI Number 59-2609474	Applied for Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANNIKKO, JOSEPH L. 215 S. FED. HWY. SUITE 100 STUART FL 34994		81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 218 ATLANTIC AVENUE 83 84 City Same FL 85 Zip Code
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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 the corporation

(If the filer is not the registered agent, the signature is required to be signed by the filer.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☒ Change ☐ Addition
NAME	MANNIKKO, JOSEPH L.	1.2 NAME	
STREET ADDRESS	215 S. FED. HWY. STE 100	1.3 STREET ADDRESS	218 ATLANTIC AVE
CITY - ST - ZIP	STUART FL	1.4 CITY - ST - ZIP	34994
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/96

561/283-0084

CR2E034 (3/96)