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

**PROFIT** CORPORATION - ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

**FILED** 

Apr 04 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

J26033

(7)

## MANIMEDICALS INC

**SIGNATURE:** 

INMINIST						l
Principal Place of Business Mailing Address						ll
103 E. LAUREN CT 103 E. LAUREN		% E.G. DELUDE 103 E. LAUREN CT FERN PARK FL 32730-221	17			
					3. Date Incorporated or Qualified 3a. Date of Last Report 07/28/1986 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address		·	A. FEI Number Applied F	For
11		26			<b>58-1684523</b> Not Appl	icable
Suite, Apt	#. etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired Security Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May E	
:3		28			Trust Fund Contribution Added to Feet	s
Ζιρ	Country	Zφ	Count	ry	8. This corporation has liability for intangible tax under s. 199.0	32,
24	[25] 9. Name and Address of Cu	rrent Registered Agent	30		Florida Statutes Yes No  10. Name and Address of New Registered Agent	
		itetit negisteten Agent	8	1 Name	10, Halife and Address of New Yorkson Agent	
	UDE, E.G.		- ا			
	E. LAUREN CT N PARK FL 32730		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)	
r Eru	IN I PRINT I E GEFOO		8	3		
		•	la	4 City	85 Zip Code	<del></del>
		VII. 1844 M. A. C.		<u> </u>	poration submits this statement for the purpose of changing its regis	
office or ragent. La	registered agent, or both, in the S m familiar with, and accept the o	tate of Florida. Such change was bligations of, Section 607.0505, F	authorized lorida Statut	by the corporal es.	tion's board of directors. I hereby accept the appointment as registe	ered
	Signature, Good or printed harrie of registere		TE Registered A	igent signature requi	wed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	PTD	AND DIRECTORS  DELETE	1.5 TITU	: "		Addition
NAME	DELUDE, JEFFREY		1.2 NAM			
STREET ADDRESS	542 GRANBERRY			ET ADDRESS		
CITY - ST- ZIP	HOUSTON TX		1.4 CITY	- ST-ZIP		
TITLE			2.1 TiTU		☐ Change ☐ /	Addition
NAME	BRIGHAM, JOANNE		2.2 NAN	Æ		
STREET ADDRESS	542 GRANBERRY		2.3 STRI	ET ADDRESS		
Cily-Si-Z⊮'	HOUSTON TX	DELETE		r-ST-ZIP	Change L	Addition
TITLE		L_1 DELETE	3.1 TITU 3.2 NAM	i i	La Change La (	-oution
NAME CTOLLE AUTODECE			1	EET ADDRESS		
STREET ADDRESS CHY+ST-ZIP				Y-ST-ZIP		
THE		DELETE	4.1 TITL		☐ Change ☐ /	Addition
NAME			4.2 NAI	AE	,	
STREET ACORESS			4.3 STR	ET ADDRESS		
CITY - ST - ZIP			4.4 CITY	'-ST-2IP		
III.F		☐ DELETE	5.1 TITE	E	Change	Addition
M7ML			5.2 NAM	IE		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY - ST - 7IP		The err		'-ST-ZIP		Addition
TITLE		DELETE	6.1 TitL	į	L] Change	Addition
NAM;			6.2 NAN	1		
STREET ADDRESS				EET ADDRESS		
CITY - ST - ZIF	the could that the information our	unlied with this filing does not aus	lify for the e	-ST-ZIP exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the	
informatio Lam an d	on indicated on this annual report	t or supplemental annual report is on or the receiver or trustee empo	true and ac wered to ex	curate and tha	at my signature shall have the same legal effect as if made under or ort as required by Chapter 607, Florida Statutes; and that my name	ith; that