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

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **J26033**

Country

9. Name and Address of Current Registered Agent

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Zip

MANNERISMS, INC.

Principal Place of Business Mailing Address % E.G. DELUDE % E.G. DELUDE 103 E. LAUREN CT 103 E. LAUREN CT DO NOT WRITE IN THIS SPACE FERN PARK FL 32730 FERN PARK FL 32730 3. Date incorporated or Qualifed 07/28/1986 4. FEI Number 2. Principa Place of Business 2a. Mailing Address 58-1684523 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 City & S ate City & State 6. Election Campaign Financing

DELUDE, E.G. 103 E. LAUREN CT FERN PARK FL 32730

			Persor	al Prope	rty Tax.			U Y∈	es	I_INo
		10.	Name	and Add	iress of N	ew Regis	tered /	Agent		
81	Name									
82	Street Ar	dress (F	P.O. Box	Number	is Not Ac	ceptable)				
83										
84	City							85	Zip (Code

8. This corporation owes the current year intangible

Trust Fund Contribution

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90185 020 ***150.00

App ied For

[]No

\$8.75 Additional

Fee Recuired

\$5.00 May Be Added to Fees

☐ Yes

Not Applicable

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.

Country

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SIGNATURE	Signature, typed or printed name of registered agen, and title if applicable. (NOTE:	Registered Agent signature rec	irred when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD DELETE	1.1 TITLE PTD	DELLOS, JEFFREY Change Addition 2121 CONGRESS UNITE E
NAME ,	DELUDE, JEFFREY	1.2 NAME	1
STREET ADDRESS	542 GRANBERRY	1.3 STREET ADDRESS	2121 CONGRESS UNITE E
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	HOUSTON, TEXAS 770.02
TITLE	\$ DELETE	21 TITLE S	ZACHARY DELLOS Change MAddition
NAME	BRIGHAM, JOANNE		2121 CONGRESS UNITE
STREET ADDRESS	542 GRANBERRY		
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	HOUSTON , TEXAS 77002
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDR :SS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
		64 CITY-ST-ZIP	

I here by 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 suppliemental 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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE: