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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

**FILED** 

Feb 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J70580

(2)

O'MAINNIN ENTERPRISES, INC.

| Principal Place                               | of Business                                       | Mailing Address  |                              |                     | t 160 kild diett stadts datett dietet abets aben deltet asten denne stadt dieter ander ander ender                                   |   |              |                               |  |
|---|---|--|------------------------------|---------------------|--|---|--------------|-------------------------------|--|
| 1916 6 AVE. W<br>BRADENTON FL 34205<br>US     |   | 3605 RIVERVIEW BLVD<br>3605 RIVERVIEW BLVD.<br>BRADENTON FL 34205-2633 |                              |                     |  |   |              |                               |  |
|   |   | US   |                              |                     | 3. Date Incorporated or Qualified  |   |              |                               |  |
| 2. Principal Pla                              | ace of Business                                   | 2a. Mailing Address  |                              |                     | 4. FEI Number 59-2810378   |   | <b>⊢</b>     | Applied For<br>Not Applicable |  |
| Suite, Apt. #, etc.                           |   | Suite, Apt. #, etc.  |                              |                     |  |   |              | Additional                    |  |
| 22  |   | 27   | <u></u>                      |                     | 5. Certificate of Status Desired   |   | Fee Required |                               |  |
| City & State                                  |   | City & State   |                              |                     | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be Added to Fees             |              |                               |  |
| Zip   | Country   | Zip  | Countr                       | у                   | 8. This corporation has liability for  |   |              |                               |  |
| 24  | 25  | 29   | 30                           |                     | Florida Statutes Yes No  |   |              |                               |  |
|   | 9. Name and Address of Curre                      | nt Registered Agent  | 81                           | Name                | 10. Name and Address of New Re   | gistered /                              | Agent        |                               |  |
|   | NING, MICHELLE G.                                 |  | L                            |                     |  |   |              |                               |  |
| 3605 RIVERVIEW BLVD. W.<br>BRADENTON FL 34205 |   |  | 8:                           | Street Add          | dress (P.O. Box Number is Not Acceptate  | ole)                                    |              |                               |  |
|   |   |  | 8:                           | 3                   |  |   |              |                               |  |
|   |   |  | B4                           | City                |  |   | 85 Zu        | p Code                        |  |
| 44 Characterist                               | to the new reigns of Continue CO2 OF              | 00 and 607 1500 Florida Clat.  | dan tha shar                 | L named ass         | rporation submits this statement for the p   | FL                                      | changing     | ite registered                |  |
| office or re                                  | egistered agent, or both, in the Stat             | e of Florida. Such change was  | authorized t                 | y the corpora       | ation's board of directors. I hereby acce  | ot the app                              | ointment a   | as registered                 |  |
|   | ni familiar with, and accept the obliq            | gations or, Section 607.0505, F  | iorida Statute               | 98.                 |  |   |              |                               |  |
| SIGNATURE                                     | Signature typed or protect han elot registered ag | gent and title if applicable (NO                                       | TE: Registered A             | gent signature requ | uired when reinstating)  | DATE                                    |              |                               |  |
| 12.   | OFFICERS AF                                       | ND DIRECTORS   | 13.                          |                     | ADDITIONS/CHANGES TO OFFIC   | ERS AND                                 | DIRECTO      |                               |  |
| TILLE   | Р   | ☐ DELETE   | 1.1 THTLE                    |                     |  |   | Change       | e Addition                    |  |
| NAME  | MANNING, MICHELLE G.                              |  | 1.2 NAME                     |                     |  |   |              |                               |  |
| STREET ADDRESS                                | 3605 RIVERVIEW BLVD.                              |  | 1.3 STREE                    | T ADDRESS           |  |   |              |                               |  |
| CITY - S1 - ZIP                               | BRADENTON FL                                      | DELETE   | 1.4 CITY -                   |                     |  |   | Change       | e Addition                    |  |
| THE   | MANNING, DAVID R.                                 | ריי מנינונ   | 2.1 TITLE                    |                     |  |   | L.J Criange  | ; [_] AUGIIIOII               |  |
| STREET ADDRESS                                | 3605 RIVERVIEW BLVD W.                            |  | 2.2 NAME                     | ET ADDRESS          |  |   |              |                               |  |
| CITY-ST-ZIP                                   | BRADENTON FL                                      |  | 2.4 CITY                     |                     |  |   |              |                               |  |
| TITLE   |   | DELETE   | 3.1 TITLE                    |                     |  |   | Change       | e Addition                    |  |
| NAME  |   |  | 3.2 NAME                     |                     |  |   |              |                               |  |
| STREET ADDRESS                                |   |  | 3.3 STRE                     | ET ADDRESS          |  |   |              |                               |  |
| C TY-ST-ZIP                                   |   |  | 3.4. CITY                    | -ST-ZIP             |  |   |              |                               |  |
| TITLE   |   | ☐ D€LETE   | 4.1 TITLE                    |                     |  |   | Change       | e 🔲 Addition                  |  |
| NAME  |   |  | 4. 2 NAM                     | E                   |  |   |              |                               |  |
| STREET ADDRESS                                |   |  |                              | ET ADDRESS          |  |   |              |                               |  |
| City-St-7P                                    |   | DELETE   | 4.4 CITY                     |                     |  | *************************************** | ☐ Change     | e Addition                    |  |
| TITLE   |   |  | 5.1 TITLE<br>5.2 NAMI        |                     |  |   | m cusult     | s Addition                    |  |
| NAME<br>STREET ADDRESS                        |   |  |                              | ET ADDRESS          | ·  |   |              |                               |  |
| CITY - ST - ZIP                               |   |  | 5.4 CITY                     | 1                   |  |   |              |                               |  |
| TITLE   |   | DELETE   | 6.1 TITLE                    |                     |  |   | Change       | e Addition                    |  |
| NAME  |   |  | 62 NAM                       |                     |  |   |              |                               |  |
| STREET ADDRESS                                |   |  | 6.3 STRE                     | ET ADDRESS          |  |   |              |                               |  |
| CITY-ST-ZIF                                   |   |  | 6.4 CITY                     | ST-ZIP              |  |   |              |                               |  |
| informatio<br>Lam an of                       | n ind-cated on this annual report or              | supplemental annual report is<br>or the receiver or trustee empo       | true and aco<br>wered to exe | curate and th       | ed in Section 119.07(3)(i), Florida Statute<br>at my signature shall have the same leg-<br>ort as required by Chapter 607, Florida ( | al elfect as                            | s if made u  | under oath; that              |  |