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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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DOCU	MENT # K14916						
1. Corporation	name ,						
MANCHESTER FINANCIAL SERVICES CORPORATION							
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Principal Place	of Business	Mailing Address			I IMENNIN DAT JIBIT GIBIR LATAR EINTR	Stil Blait Gilli Billit Gilli Gi	INIT BINTI (BD.
1 00 SE 2ND STREE T 1 00 SE 2ND STRE ET					· ·		
NATIONSBANK SUITE 9700 NATIONS BANK SUITE 9700						THE ODAO	
MIAMI FL 33131- MIAMI FL 33131					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
US US							
					02/08/1988		-Uad Far
Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	plied For t Applicable
21 701 Brickell the 26 1925 Bricke			<u>11 A</u>	venue	65-0096517	¢0.75 A	
Suite, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	Fee Re	
22 ZOOO 27 Suite D202			_				<u> </u>
├─ ` ^ ~ ~ ·	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23 Miami, Flori			ida Country		Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible		
Zip	Country	Zip	¬		8. This corporation owes the current Personal Property Tax.		□No
24 331	25	29 33129 31	미_pa	de	10. Name and Address of New Reg		
	9. Name and Address of Current	Kedisteren Wäerit	81	Name	10. 1141110 4114 / 1441 / 1441 / 1441	2	
DEEE ED GEODGE ESU							
BEFELER, GEORGE, ESQ. NATIONS-BANK-SUITE				Street Add	ddress (P.O. Box Number is Not Acceptable)		
NATIONS BANK SUITE 100-SF 2ND STREET 37 FLOOR				100	BI, CHOILING. H		
MIAMI FL 33131—							
MIAMITE 33131 —				City	•	FL 85 30 3	Sode
1007 F00 F1-11 Older				11/	And		registered
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes	i.		11 1 9 9	
SIGNATURE	<u> </u>					7-1-1	
Gignitude, types of printed facilities				nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	RS IN 12
TITLE	"P	DELETE	13.		1.00.110.10.	☐ Change	☐ Addition
	P		1.2 NAME				l
NAME	FREEMAN, ROBERT A			T ADDRESS			}
	2601 SO BAYSHORE DR, STE 1425						Ì
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY-S 2.1 TITLE	n-AF		☐ Change	Addition
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CITY-ST-ZIP	SAN SALVADOR EL '		2. 4 CITY-1	31-217		Change	Addition
TITLE	S OFFICE OFFICE		3.2 NAME	\		~ ~	_
NAME	BEFELER, GEORGE		_	T 40000E00 1-73	Or Brickell Avr. #	F200 0	
STREET ADDRESS			•		MiAMI, FL. 33		
CITY-ST-ZIP	MIAMI FL.	☐ DELETE	3.4. CITY-:	SI-ZIP	111111111111111111111111111111111111111	. Change	Addition
TITLE	·	□ perete			 *		
NAME .	•		4. 2 NAME	1			
STREET ADDRESS				T ADDRESS			
CfTY-ST-ZIP	·		4.4 CITY-5	ST-ZIP		- Change	Addition
TITLE	.*	☐ DELETE	5.1 TITLE			Change	☐ ₩ddittoil
NAME			5.2 NAME				
STREET ADDRESS	* · · · · · · · · · · · · · · · · · · ·	•		T ADDRESS	,		
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				

14. I hereby 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 of 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 eceiver 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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

IGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Daytime Phone #

CR2E034 (11/98)