FILE NOW: FILING FEE AFTER MAY 1 IS \$550 10

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT STATE

Sandra B. Morti

Secretary of Sta DIVISION OF CORPO

SNC

DOCUMENT # K29491

(3)

MANE CONNECTION, INC.

Principal Place of Business Mailing Address  36156 GRESHAM RD. WEBSTER. FL. 36156 GRESHAM RD. WEBSTER P O BOX 7  BUSHNELL FL 33513 BUSHNELL FL 33513-0007									
						3. Date incorporated or Qualified 07/20/1988		te of Last R )7/1996	eport
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 59-2894902			plied For of Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			<u> </u>	5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	)	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip <b>29</b>	30	untry	'	8. This corporation has liability for Florida Statutes	intangible Yes		. 199.032,
	9. Name and Address of Cui	rent Registered Agent				10. Name and Address of New Re	gistered /	\gent	
DIN	SFRIEND, DEE			81	Name				
36156 GRESHAM RD. , WEBSTER FL.				82	Ctroot Ad	dress (P.O. Box Number is Not Acceptal	hlo)		
P.O. BOX 7				02	Suger You	gress (F.O. box number is not Acceptat	Die)		
BUSHNELL FL 33513-7007				83					
600	MINELL PL 933 13-7007			L_	<u></u>		<del></del>		
				84	City		FL	<b>85</b> Zip	Code
office or re agent. Lai SIGNATURE.	egistered agent, or both, in the St m familiar with, and accept the ot	ate of Florida. Such change with oligations of, Section 607.0505,	as authorize , Florida Ste	ed by	y the corpora s.	rporation submits this statement for the a ation's board of directors. I hereby acce	purpose of pt the appo	changing it pintment as	s registered registered
	Signature, typed or printed name of registered			ed Ap	per erulangia fre	ulred when reinstaling)	DATE		
12.		AND DIRECTORS  DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFIC	CERS AND	Change	S IN 12 Addition
TITLE	D	[""] DETEIR		TILE	-			Cuange	MODITION
NAME	DINSFRIEND, MELVIN			IAME					
STREEL ADDRESS	36156 GRESHAM RD.		1.3 9	TREE	ADDRESS				
CITY+ST-ZIP	WEBSTER FL				ST-ZIP			<del></del>	
TITLE	D	☐ DELETE	2.11	ITLE				Change	Addition
NAME	DINSFRIEND, DEE		2.21	IAME					
STREET ADDRESS	36156 GRESHAM RD.		2.3 5	STREET	F ADDRESS				
CITY - ST - ZIP	WEBSTER FL		2 4	CITY-	ST-ZIP				
TITLE		DELETE	317	ITL€				☐ Change	Addition
NAME.			321	NAME	ļ				
STREET ADDRESS			3.3 5	STREET	ADDRESS				
CITY-ST-7IP			3.4	CITY-	ST-ZIP				
1/ItE		☐ DELETE		ITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			4.2	NAME				=	

6.4 CITY-ST-ZIP

14. If do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CiTY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

C01Y - \$1-7IF

CITY - \$1 - ZIP

TITLE

NAME

TITLE

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4/3/97 (352) 583-5060

Change

Change

Addition

Addition

**FILED** 

Apr 10 1997 8:00am

Secretary of State

:HZEU34 (9/96)