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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K30684

(0)

MANPRO INVESTMENTS, INC. Principal Place of Business Mailing Address 360 CENTRAL AVE \$1300 \$1300 \$T. PETERSBURG FL 33701 ST. PETERSBURG FL 33701									
US		US		 Date Incorporated or Qualified 06/08/1988 	fied 3a. Date of Last Report 04/29/1996				
Principal Place of Business		26						oplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	te	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Ζφ 24	Country 25	Zip 29	30	Country		I	🕽 Yes 🗀] No	. 199.032.
	9. Name and Address of Cui	rrent Registered Agent				10. Name and Address of New Re	gistered A	gent	
380 CENTRAL AVE., 1300 SUITE 701 ST. PETERSBURG FL 33701			Not de la	82 83 84	City	ress (P.O. Box Number is Not Accepta	FL	'	Code
	registered agent, or both, in the Si am familiar with, and accept the ob-	tate of Florida Such change obligations of Section 607.050	was author 5, Florida	rized by Statutes	the corpora	poration submits this statement for the tion's board of directors. I hereby acce	pt the appo	ointment as	registered
SIGNATURE	Signature, typica or printed name of registered	d agent and tice if applicable	(NOTE: Regis	stered Age	nt signature requ	ired when reinstating)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE NAME STREET ADDRESS			1	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS				Change	☐ Addition
CITY - S1 - ZIP	ST. PETERSBURG FL				1-ZIP				
TITLE NAME				2 1 TITLE 22 NAME				Change	Addition
STREET ADDRESS				3 STREET					
TITLE NAME STREET ACORESS	DELETE 31		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS				Change	Addition	
C:TY-ST-ZIP		□ DEFET	3	3.4. CITY - 5				Change	Addition

14. I 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 of 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 of an attachment with an address.

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

44 City-St-ZiP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 City-St-ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST - 7PP

C(1Y - ST-Z)P

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAMÉ

DELETE

DELETE

Daylime Phone #

Change

Change

Addition

Addition

FILED

May 02 1997 8:00am

Secretary of State