

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L20661** (9)

1. Corporation Name
MANILIK REMP. INC.

Principal Place of Business	Mailing Address
% DAVID E. TERRY 5401 S. KIRKMAN RD., STE. 725 ORLANDO FL 32819 US	% DAVID E. TERRY STE. 725 ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/03/1989		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-2969934		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
b. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~TERRY, DAVID E.~~
255 S. ORANGE AVE
SUITE 1501
ORLANDO FL 32801

B1 Name	Rashid A. Khatib		
B2 Street Address (P.O. Box Number is Not Acceptable)	5401 Kirkman Rd		
B3	Suite 725		
B4 City	Orlando	B5 FL	B6 Zip Code 32819

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 consent to the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE *R. Khatib* (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	KHATIB, RASHID A.
STREET ADDRESS	8481 GRANADA BLVD.
CITY- ST- ZIP	ORLANDO FL
TITLE	D
NAME	KAVOUNAS, EDMOND A.
STREET ADDRESS	99 BIRCH LN
CITY- ST- ZIP	GREENWICH CT
TITLE	D
NAME	PETROCELLI, JOHN
STREET ADDRESS	100 VARICK ST
CITY- ST- ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	500001485885
23 STREET ADDRESS	-05/12/95--01058--015
24 CITY- ST- ZIP	****200.00 ****200.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated as 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 changed, or on an attachment with an address.

SIGNATURE: *R. Khatib* 4/18/95 407-354-2200