FILE NOW: FIL	ING FEE AFTE	R MAY 1 IS \$225.00
PROFIT	C W SU	FLORIDA DEPARTMENT OF STATE
CORPORATION		Sandra B. Mortham



	RPORATION UAL REPORT <b>1996</b>		Sandra B. Mortham Secretary of State DIVISION OF CORPORATION		ONS			
1. Corporatio		L30175	(8)					
MAN	SOUR'S OF MO	JNT DORA, INC.				 	<b>ara</b> n <b>a</b> nn ann aran	PARA BIBIN BIBIN ANDRI IDRI
Principal Place	e of Business		failing Address					PARA SARA BARA HAR
% G. Edward Clement. Eoguire 308 E. 5th Ave. Mount Dora Fl 32757		Æ	% G. EDWARD CLEMENT. EQQUIRE 308 E. 5TH AVE. MOUNT DORA FL 32757					
<u></u>						3. Date Incorporated or Qualified 11/16/1989	3a. Date of 05/	Last Report <b>/01/1995</b>
2. Principal Pr	lace of Business	2a 26	. Mailing Address			4. FEI Number 59-2998135	<u> </u>	Applied For
Suite, Apt	#. etc.	27	Suite, Apt. #, etc.			Certificate of Status Desired		Not Applicable  8.75 Additional  Fee Required
Gity & State	е	28	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Z(p)	25 Coun	29	Zip	Country 30	′		3 □No	nder s 199.032,
	9. Name and Add	ress of Current Regis	itered Agent	81	Name	10. Name and Address of New I	tegistered Age	nt
	ant, G. Edward Iter, Vason & Cli	EMENT		62		dress (P.O. Box Number is Not Acceptal	ole)	
308 E.	. 5TH AVE.			83	ļ			
MOUN	IT DORA FL 32757			84	City		8	5 Zip Code
familiar wi	to the provisions of Sec red agent, or both, in th Iri, and accept the oblig			s, the above- ed by the corp	named corpo poration's boa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changir ointment as regi	ng its registered office istered agent. I am
	Signature, by ed or printed hern			E Registered Age	nt signature require	ud when reinstating)	DATE	
. 12. Tirut	D	OFFICERS AND DIREC	DTORS DELETE	13.		ADDITIONS/CHANGES TO OFF		
NAME STREET ADDRESS	MANSOUR, SA 1750 LAKE TEI			1.2 NAME 1.3 STREET	ADDRESS		ci	hange 🔲 Addition
Crity - Stil-Ziff Title	EUSTIS FL D		DELETE	1.4 CITY - 9 2 1 TITLE	ST-ZIP			
NAME STREET ADDRESS	MANSOUR, GE 3240 VILLAGE			2 2 NAME 2 3 STREET	ADDRESS		□ ci	hange [] Addition
CHY S1-ZIP	MT. DORA FL D		DELETE	24 CHY+S 3 1 THE	IT-ZIP			
NAME STREET ADDRESS	MANSOUR, FLO		- oracic	3 2 NAMÉ			Cr	hange
CITY-S1-ZIP	EUSTIS FL	WHOL DIT.		3 3 STREET 3 4 CITY - S	i			
TILLE NAME			DELETE	4. 1 TITLE 4.2 NAME	· • · · · · · · · · · · · · · · · · · ·		<b>□</b> 0	hange 🔲 Addition
STREET ADDRESS	•		•	4 3 STREET	ADDRESS			
CITY SI ZIP			☐ DELETE	4 4 CITY - S	1 - ZIP			
N4ME			☐ DELETE	5. 1 TITLE 5.2 NAME			□ Ch	nange
STREET ADDRESS				5.3 STREET	ADDRESS			
SILY SE-ZIE				5.4 CITY - S	Γ- ZIP			
TILLE NAME			DELETE	6 1 TITLE			☐ Ch	nange Addition
STREET ADDRESS				6 2 NAME	*000000			

63 SIRET ADDRESS
64 CITY-ST-ZIP
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 119.07(3)(k), 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 or block 14 or block 14 or block 15 or

SIGNATURE:

George R. Mansour

(904) 383-4186