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

**PROFIT** CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # L48544

## Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90043 045 \*\*\*150.00



MANOS,	INC.						
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Principal Place of Business C/O RAYMOND J. CASCELLA 515 NEWFOUND HARBOR DR. 515 NEWFOUND HARBOR DR.		Mailing Address C/O RAYMOND J. CASCELLA 515 NEWFOUND HARBOR DR.		DO NOT WRITE IN THIS SPACE			
MERRITT ISLAND FL 32952 . MERRITT ISLAND FL		MERRITT ISLAND FL 32952	<b>5</b> 2		3. Date Incorporated or Qualifed		
	<u> </u>				02/02/1990	<del></del>	A-tied Fee
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			65-0194106	<u> </u>	Not Applicable  75 Additional
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	·	e Required
City & State	Andready is the second	City & State	<del></del>		6. Election Campaign Financing		00 May Be
_	•	28			Trust Fund Contribution	1 7	ded to Fees
23∫ Zip	Country	Zip	Countr	ν	8. This corporation owes the current		
24	25	29 30	_	•	Personal Property Tax.	☐Yes	□No
24	9. Name and Address of Curren			<del></del>	10. Name and Address of New Reg	istered Agent	
CAS	CELLA, RAYMOND J.	1	8	1 Name			
	GEORGE KING BLVD	. ;	8:	2 Street A	ddress (P.O. Box Number is Not Acceptable	e)	
PT C	CANAVERAL FL 32920	•	8:	3		ri grege	
			8	4 City		FL 85	Zip Code
office or r	registered agent or both in the State	of Florida, Such change was aut	, the abo	ve-named c	corporation submits this statement for the pu	rpose of changir he appointment	g its registered as registered
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statute	s.	audit a pour de la directore. Thereby develor		- 1
agent. I ai	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statute	<b>:</b> \$.			
agent. I ai	m familiar with, and accept the obligation	nt and title if applicable. (NOTE: Re	egistered Ag	<b>:</b> \$.	quired when reinstating)	DATE .	
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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 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 appears, with all other like empowered.

SIGNATURE: