## 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

(4)

DOCUMENT # L52188

MANNIN  Principal Plac	G MASUNRY, INC.	Mailing Address							
3740 ABERDEE	n drive	3740 ABERDEEN DRIVE SARASOTA FL 34240-96	3740 ABERDEEN DRIVE						
SARASOTA FL	34240	ONINOUIN FE SHENOW					7. 5		
						3. Date Incorporated or Qualified 02/20/1990		te of Last Re <b>5/1996</b>	eport
	lace of Business	2a. Mailing Address	ļ			4. FEI Number 65-0179180	Applied For Not Applicable		
Suile, Apt	#, etc.	Suite, Apt #, etc.					\$8.75 Additional		
22		27				5. Certificate of Status Desired	 	Fee Re	<del></del>
City & Stati 23	'e	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
<b>7</b> (p)	Country	<b>28</b> Zip	Cou	untry	'	This corporation has liability for it.			
24	25	29	30			Florida Statutes ——Yes  No			
	9, Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Re	stered A	igent	
MANNING, LYN 3740 ABERDEEN DRIVE									
	ASOTA FL 34240		62 Street A			ess (P.O. Box Number is Not Acceptab	le)		
				83					
				84	City			85 Zip (	Code
44 Chasmand	to the provisions of Captions 607 M	502 and 607 1509 Clasida Cta	tudos the o		named associ	archion submits this statement for the o	FL	ahanaina it	to sociotored
Office or r	registered agent, or both, in the Sta	ite of Florida. Such change wa	as authorize	d by	the corporation	oration submits this statement for the poor's board of directors. I hereby accep	it the appo	changing it pintment as	registered
	im ranimar wain, and accept the obi	igarions or, section 607.0006,	riorida 5(a	tutes	S.				}
SIGNATURE	Significate syptod or printed name of registered a			d Age	int signature require		DATE		
12.		ND DIRECTORS	13,		<del></del>	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TOLE .	DST MANNING, LYN	DELETE 1.1 T						Change	Addition
STREET ADDRESS	3740 ABERDEEN RD.		1.2 N	-	ADDRESS				Ì
C-TY - ST - ZIP	SARASOTA FL	•		ITY-S	- {				Ì
TUTLE	DP	DELETE	DELETE 2.1 TO				<del></del>	Change	Addition
NAME	PURCELL, JOHN C.		2.2 N	AME					1
	2600 ASBURY PLACE				ADDRESS				Ì
C114-21-54-	SARASOTA FL	DELETE			ST-ZIP		·	Change	Addition
TITLE NAME		L. J OLLET	ELETE 3.1 TITL 3.2 NAN		}			C Change	
STREET ADORESS	•				ADDRESS				}
00Y-S1-7@					ST-ZIP				1
TITLE		☐ DELETE	411				****	Change	Addition
NAME			4.21	NAME	}				}
STREET ADDRESS					ADDRESS				}
011Y - \$1 - 20° 101LE	4.4C DELETE 51TI		ITY-S	1-ZIP	<del></del>	·	Change	Addition	
MAMÉ		Car Dece 16	5.2 N		}				- Francisco
STREET ADDRESS	}		- 1		ADORESS				}
CiTY-S1-7iP				łĭy-s					
TITLE				ITLE				Change	Addition
NAME			6.2 N	AME	ļ				
STREET ADDRESS					ADDRESS				ļ
City - St - 7iP	L		6.4 C	ITY-S	T-21P		<del></del>		

Loo 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 chapter 6, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 04 1997 8:00am

Secretary of State

0430160