

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M84819** (5)
1. Corporation Name
MANHATTAN MAGNOLIA CORPORATION

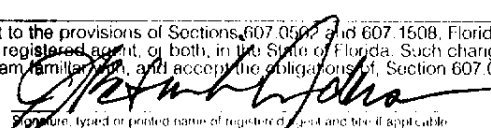
Principal Place of Business 1497 FOREST HILL BLVD #E P.O. BOX 3365 WEST PALM BEACH FL 33406 US	Mailing Address 1564 DIXIE WAY P.O. BOX 3365 MELOURNE FL 32835 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/06/1988	
4. FEI Number 65-0211021		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent WINDLE, EDWARD W JR 1564 DIXIE WAY MELBOURNE FL 32935		10. Name and Address of New Registered Agent 81 Name J. PATRICK ANDERSON 82 Street Address (P.O. Box Number is Not Acceptable) 930 S. DARBOR CITY BLVD 83 SUITE # 505 84 City MELBOURNE FL 85 Zip Code 32901			

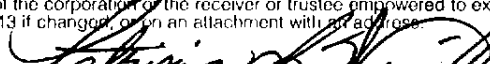
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **4/28/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	DRVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDLE, PATRICIA B.	12 NAME	
STREET ADDRESS	1564 DIXIE WAY	13 STREET ADDRESS	SAME
CITY-ST-ZIP	MELBORNE FL	14 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDLE JR., EDWARD W.	22 NAME	
STREET ADDRESS	1564 DIXIE WAY	23 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 address.

SIGNATURE  DATE **4/28/98**

CR2E034 (10/97)