FILED

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90192 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M84819

1. Corporation Name

MANHATTAN MAGNOLIA CORPORATION

Principal Place of Business Mailing Address											
P.O. BOX 38SS P.O. BOX 38SS WEUDINE FI \$2835 US 3. Gate Incorporated of Qualified Medicine Medicin	Principal Place	of Business	Mailing Address						41 010 1011 34811 81	#11 #4#11 #1 # 11 #1	INII MIMII INDI
P.O. BOX 38SS P.O. BOX 38SS WEUDINE FI \$2835 US 3. Gate Incorporated of Qualified Medicine Medicin	1497 FOREST HILL BLVD #F 1564 DIXIE WAY										
Solid Personal Process Solid Applied For Applied											
2. Principal Place of Business										SPACE	
2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 5. Certificate of Status Desired 58.75 Additional Fee Required 58.75 Additional Fee Required 57. Certificate of Status Desired 58.75 Additional Fee Required 58.00 May 8 De Additional Fee Required 58.00 May 8 De Additional Fee Required 58.00 May 8 De Additional Fee Required 58.00 May 9 De Additional Fee Requi	us us								d		
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Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address					Y			
27 City & State	21		26					65-0211021			
City & State	Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status Desired	□ -	. +	
28											
20 20 20 20 20 30 5. Trius temporal controlution									, _□		
25 28 29 30 Personal Property Tax. Yes No	23										Fees
9. Name and Address of Current Registered Agent ANDERSON, J. P. 330 S. HARBOR CITY BLVD STE 505. MELBOURNE FI. 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 agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 15. STREET ADDRESS WINDLE, PATRICIA B. 15. STREET ADDRESS	Zip '		"'								□Na
ANDERSON, J P 930 S HARBOR CITY BLVD STE 505 MELBOURNE FL 32901 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutus, the above-named corporation submits this statement for the purposes of changing its registered agent, or both, in the State of Florida. Such change was authorated by the corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607.0502, Florida Statutus, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607.0502, Florida Statutus, such accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607.0502, Florida Statutus, such accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607.0502, Florida Statutus, such accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607.0502, Florida Statutus, such accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607.0502, Florida Statutus, such accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607.0502, Florida Statutus, such accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607.0502, Florida Statutus, such accept the appointment as registered agent, are familiar with, and accept the appointment as registered agent, are familiar with, and accept the appointment as registered agent, are familiar with, and accept the appointment as registered agent, are familiar with, and accept the appointment as registered agent, are familiar with, and accept the appointment as registered agent, are familiar with, and accept the appointment as registered agent, are familiar with, and accept the appointment as registered agent, are familiar with, and accept the app	24			30					D. mintered		
ANDERSON, J P 930 S HARBOR CITY BLVD STE 505 MELBOURNE FL 32901 44 City FL 55 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutas, the above-named corporation submits this statement for the purpose of changing its 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 and remission of provisions of Sections 607.0502, Florida Statutas, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and remission of Provisions of Provisions of Sections 607.0505, Florida Statutes. SIGNATURE 3[DPUINT, Type I private owner of implicate agent and file Projections (NOTE: Required Apent signature required when remission) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME WINDLE, PATRICIA B. 1564 DIXIE WAY 13. STREET ADDRESS WINDLE, PATRICIA B. 1564 DIXIE WAY 13. STREET ADDRESS 1564 DIXIE WAY 14. GTH-57-72P MELBORNE FL 15. TITLE 15.	i	9. Name and Address of Cu	rrent Registered Agent		04	h-1		10. Name and Address of New	Registered /	Agent	
\$30 S HARBOR CITY BLVD \$TE 505 MELBOURNE FL 32901 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approach registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the corporation's board of directors. I hereby accept the approach registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. \$\$ISCINATURE* SIGNATURE* Signatura, hyperic printed name of registered agent and site if suppleated Agent agent and agent and site if suppleated Agent agen	AMD	EDOON ID			181	i Nan	ie ,				
## City FL 85 Zip Code 11. Pursuant to the provisions of Sections 807,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. or bit in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,9505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. and accept the obligations of, Section Statutes. ### City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of, Sections Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. And accept the obligations of, Sections Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. And accept the obligations of, Sections Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. And accept the objective of the appointment as registered agent. And accept the objective of the appointment as registered agent. The ap						Stre	et Addre	ess (P.O. Box Number is Not Accep			
MELBOURNE FL 32901 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, 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 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 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 office or registered agent. I all the purpose of change is registered and the purpose of change	•								· · · · · · · · · · · · · · · · · · ·		
Sections of Sections 607.0502 and 607.1508, Florida Statutas, the above-named corporation submits this statement for the purpose of changing lis 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, 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 and the fingelicable (initial Registered Agent significant required when remissing) 12.					83			<u></u>			Ì
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 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, 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, 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, or both, in the State of Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DPVS	MEL	BOURNE FL 32901			84	City				85 Zip C	ode
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registrates agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registrates. SIGNATURE							′			1.1	
SIGNATURE Signature, typed or prioried name of registered agent and tible if applicable (NOTE: Rogistered Agent signature required when reinstaining)	office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors. I nereby accept the appointment as registered										
Signature, Spead or printed care of registered agent and tild if implicable (NOTE Registrated Agents explainter required when relatefalting) DAILE	-	•									
TITLE	SIGNATORE	Signature, typed or printed name of registered	d agent and title if applicable. (NO			ıt signatı	re required				
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NAME	CITY-ST-ZIP	MELBORNE FL		1.4 CITY-		T-ZIP					
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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 address, with all other like empowered.

SIGNATURE: