SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.							
MOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO HEINSTATE: \$230.25.)							
NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham							
ANNUAL REPORT Secretary of State							
1996 DIVISION OF CORPORATIONS							
DOCUMENT # N9400001818 (3) 1. Corporation Name							
MANATEE-HEE, INC.							
Principal Place of Business Mailing Address						- J (DØ)(IID) DID (DIII DIBSI DBAH DDIII	ANN MAINE NAIM STANT FAIMT STANT TATA SAND
1524 S ANDRE	EWS AVE	1326 SE 17TH STREET	1326 SE 17TH STREET STE. 216				
	DALE FL 33316	FORT LAUDERDALE FL 33316				Date Incorporated or Qualified	3a. Date of Last Report
US						04/13/1994	05/16/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 65-0487491	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 70 CT	Country	28 Zip	Cour	ntry		8. This corporation has liability for i	ntangible tax under s. 199.032,
24 3330	14 25 USA	- 	30			Florida Statutes 10. Name and Address of New Re	Yes No
	9. Name and Address of Current I	tegistered Agent		81 Name		To. (spring arts)	
BATTIS	TINI, PAT	82 Street Ad		Addre	ess (P.O. Box Number is Not Acceptab	le)	
•	E 17TH STREET	83			- 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100		
STE. 2 Fort 1	LAUDERDALE FL 33316	84 City				85 Zip Code	
						viation submits this statement for the p	rpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. 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 above hard as State of Florida Statutes.							
SIGNATURE	12 1300					4	19/96 DATE 196
12.	Signature, typed or printed name of registered agent OFFICERS AND	3 to the approximation of the	Registered	Agent signatu	e require	ed when reinstaling) ADDITIONS/CHANGES TO OFFI	
TITLE	D	DELETE 1.1			1		Change Addition
NAME	BATTISTINI, PAT 1526 SE 17TH ST, STE 216		12 NAME 13 Street address				[8
STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		<u> </u>		Change Addition
TITLE	D NAODEE BIOK			TLE Ame			Custige [] Addition
NAME STREET ADDRESS	KASBEE, RICK 1326 SE 17TH ST, STE 216			rreet address			
CITY-ST-ZIP	FT LAUDERDALE FL	Logista	2.4 CITY - ST-ZIP				Change Addition
TITLE NAME	D Sattee, drew	DELETE	LETE 3.1 TITLE 3.2 NAM				
STREET ADDRESS	1326 SE 17TH ST, STE 216		3.3 STREET ADDRESS		;		
CITY-ST-ZIP	FT LAUDERDALE FL	DELETE	3.4. CITY-ST-ZIP		+		Change Addition
TITLE NAME			4.21		1		-
STREET ADDRESS				TREET ADDRES	3		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		+		Change Addition
NAME		_	5.2 N	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		S		
CITY-ST-ZIP TITLE		DELETE		61 TITLE			Change Addition
NAME			62 NAME				
STREET ADDRESS	1292		640	STREET ADDRES SITY - ST - ZIP			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
14. I do hereby certify that the information supplied with this filling 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 the annual report or supplieriental armual report is stude and accounted and that it is a supplier of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and 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 617, Florida Statutes; and that my name appears in how the block of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in how the block of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the province of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the province of the corporation of the corporatio							
1 19/96 (9en) 2/00-408/h							
SIGNATURE: Day/ime Phone by SIGNATURE AND TYPED OF FRANCED NAME OF SIGNAND OFFICER OR DIRECTOR							