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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90136 011 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001141

1. Corporation Name

MANNA INTERNATIONAL, INC.

Principal Place of Business
711 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32225

Mailing Address
711 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32225



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/24/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3435843	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REDKO, VIKTOR 3206 JUSTINA ROAD 4 JACKSONVILLE FL 32211				81 Name			
				VICTOR REDKO			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				711 St. Johns Bluff Rd, N			
				83 City			
				Jacksonville			
				FL			
				85 Zip Code			
				32225			

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Victor Redko* President 02.11.99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REDKO, VIKTOR			1.2 NAME			
STREET ADDRESS	3206 JUSTINA ROAD 4			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32211			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARSON, LARRY E			2.2 NAME			
STREET ADDRESS	49 SANOCOL DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARSWELL, JOHN R			3.2 NAME			
STREET ADDRESS	8471 CASSIE ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32221			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KULAKEVICH, PETER			4.2 NAME			
STREET ADDRESS	20511 68TH AVENUE W APT 203			4.3 STREET ADDRESS			
CITY-ST-ZIP	LYNNWOOD WA 98036			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 617, 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: *Victor Redko* 02.11.99 904-641-9011

Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)