

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

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

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

59-3435843

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

REDKO, VIKTOR
3206 JUSTINA ROAD 4
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

VICTOR REDKO

82 Street Address (P.O. Box Number is Not Acceptable)

83 711 St. Johns Bluff Rd. N.

84 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

TITLE PTD ☐ DELETE
NAME REDKO, VIKTOR
STREET ADDRESS 3206 JUSTINA ROAD 4
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ DELETE
NAME CARSON, LARRY E
STREET ADDRESS 49 SANOCOL DRIVE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE SD ☐ DELETE
NAME CARSWELL, JOHN R
STREET ADDRESS 8471 CASSIE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE V ☐ DELETE
NAME KULAKEVICH, PETER
STREET ADDRESS 20511 68TH AVENUE W APT 203
CITY-ST-ZIP LYNNWOOD WA 98036

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

02.11.99

904-641-9011

Date

Daytime Phone #

CR2E037 (11/98)