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Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90010 030 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28934

1. Corporation Name

MANHATTAN HOLDING COMPANY

Principal Place of Business

180 EAST OCEAN BOULEVARD
SUITE 910
LONG BEACH CA 90802

Mailing Address

180 EAST OCEAN BOULEVARD
SUITE 910
LONG BEACH CA 90802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1990

4. FEI Number

33-0310936

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 180 East Ocean Blvd

Suite, Apt. #, etc.

22 Suite 1010

City & State

23 Long Beach CA

Zip

24 92655 25 USA

2a. Mailing Address

26 180 East Ocean Blvd

Suite, Apt. #, etc.

27 Suite 1010

City & State

28 Long Beach CA

Zip

29 90802 30 USA

9. Name and Address of Current Registered Agent

ALEXANDER, LARRY B.
505 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 P
NAME DICK, ROB
STREET ADDRESS 180 E OCEAN BLVD #910
CITY-ST-ZIP LONG BCH CA

☐ DELETE

TITLE S
NAME BLANCHETTE, BETTI-JANE
STREET ADDRESS 180 E. OCEAN BLVD #910
CITY-ST-ZIP LONG BEACH CA

☐ DELETE

TITLE T
NAME ODOM, BARBARA
STREET ADDRESS 180 E. OCEAN BLVD #910
CITY-ST-ZIP LONG BEACH CA

☐ DELETE

TITLE DVP
NAME DELPIT, LARRY D.
STREET ADDRESS 180 E. OCEAN BLVD #910
CITY-ST-ZIP LONG BEACH CA

☐ DELETE

TITLE VP
NAME DELPIT, DOROTHY
STREET ADDRESS 180 E OCEAN BLVD, #910
CITY-ST-ZIP LONG BCH CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/99

(562) 590-8835

CR2E034 (11/98)