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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 17 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P36829

(0)

MANTON TRADING CORPORATION

Lam an officer or director of the corperappears in Block 12 or Block 13 if cha

SIGNATURE:

ed, or on an attachment with an address.

Principal Place of Business	Mailing Address		T LEBOLIDOS DEM CITION DELOS CONTRES SOCIAL SOCIALI	tener Bitter detter differ diffet Artit iffill
POST OFFICE BOX 1044 DARIEN CT 06820	POST OFFICE BOX 1044 DARIEN CT 06820-1044			
			3. Date Incorporated or Qualified 12/23/1991	3a. Date of Last Report 01/24/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26		06-0873249	Not Applicabl
22	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	***************************************
23	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for i	
24 25	29	30] Yes 🔲 No
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent
neumann, Roy G.		81 Name		
40 GOLF COTTAGE DR.		82 Street A	ddress (P.O. Box Number is Not Acceptab	ile)
NAPLES FL 33999				***************************************
		83		
		84 City		85 Zip Code
11 Purguent to the ensuraione of Contone 507.0	500 and 607 1509. Florido Pta	tutos the above served		FL 65 Zip Code
 Pursuant to the provisions of Sections 637.05 office or registered agent, or both, in the Sta 	ile of Florida. Such change wa	as authorized by the corpo	corporation submits this statement for the portaion's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
agent. I am familiar with land accept the ob-	igations of, Section 607,0505,	Florida Statutes.		
SIGNATURE Signature respect to preprint magnification of collections	event and this if archimate.	IOSE Registered Agust signature	anyierd above scientary	DATE
Signature, typed or ported name of regist red a	agent and lite if applicable (f	NOTE Registered Agent signature ri		DATE ERS AND DIRECTORS IN 12
Signature typed or ported mane of orgest and a 12. OFFICERS A		13.	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
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