→FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

MANN TECHNOLOGY, INC.

Mailing Address

FILED May 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								
BOOS BASH ST. INDIANAPOLIS IN 46256		8665 Bash St. Indianapolis in 46256-1202						
					3. Date incorporated or Qualified 04/10/1992	3a. Date 05/01/		Report
	Place of Business Bosh St	2a. Mailing Address	1	St	4. FEI Number		—	oplied For
21 865 Sulte, Apt.		26 8653 Bq. Suite, Apt. #, etc.	<u> </u>	>+-	35-1810573			ot Applicable
22		27			5. Certificate of Status Desired			Additional equired
City & Stat	opes IN	City & State TNOPLS,	IN		Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
ー Zip ・	Country 11 (A	7ip /// 25/a	Countr	Yus A	8. This corporation has liability for in	itangible tax	under s	. 199.032,
24 76	25 0 25 9 371	29 46756 30	l	'USA		Yes 😿		
~ ~ ~	9. Name and Address of Current	Hegistered Agent	81	1 Name	10. Name and Address of New Reg	istered Age	ent	
	CORPORATION SYSTEM O SOUTH PINE ISLAND RD.							•
PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)				
, 5	WITH TE GOODET		83	3				
			84	City .		FL	35 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	ve-named c	corporation submits this statement for the proporation's board of directors. I hereby accept	rnoce of on	anging it	Is registered
agent. La	am familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statute	es.	states to better of directors. This copy decep	. тыс аррожи	unent as	registered
SIGNATURE	Signature, typed or printed name of registered agent	and fills of applicable (NOTE: D	A		equired when reinstating)			
12.	OFFICERS AND		13.	gen: signature re	ADDITIONS/CHANGES TO OFFICE	DATE RS AND DI	RECTOR	RS IN 12
TITLE	OP .	DELETE	1.1 TITLE		7.00.00,00,00,00,00		Change	Addition
NAME	MANN, GERALD D.		1.2 NAME					j
STREET ADDRESS	8665 BASH ST.		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	INDIANAPOLIS IN		14 CITY -	ST-ZIP				
TITLE	S	☐ DELETE	21 1ITLE	1			Change	Addition
NAME	MANN, EDNA E.		2 2 NAME					
STREET ADDRESS	8665 BASH ST.			LADDRESS	\\			
CITY-ST-ZIP TITLE	INDIANAPOLIS IN	DELETE	2. 4 CITY	-SI - ZIP	<u> </u>		Chanas	Balanca.
NAME	RENNER, E WAYNE	Politice 1	3.1 TITLE 3.2 NAME			LJ	Change	
STREET ADORESS	8665 BASH ST			T ADDRESS				ļ
CITY-ST-ZIP	INDIANAPOLIS IN		3.4. CITY					
TITLE		DELETE	4.1 TITLE	V. 4"			Change	Addition
NAME			4. 2 NAME				•	
STREET ADDRESS		İ	4.3 STREE	1 ADDRESS				
CITY-ST-ZIP		.,	4.4 CITY-	S1-ZIP				
TITLE		☐ DELETE	5.1 TITLE			7	Change	1 Addition
NAME			5.2 NAME			11/	[-]	526
STREET ADDRESS				I ADDRESS		W)	2/0	ノタノらへ
CITY-ST-ZIP		DELETE	5.4 CITY -	S1-7IP		-/(/ ₋	0	1//
TITLE		☐ DELĒTE	6.1 TITLE		20000220	465	Change	☐ Addition
NAME STORET ANNOESS			62 NAME	7 +0000500	30000220 -06/06/970110	3n29		
STREET ADDRESS				T ADDRESS	***165.00			
CITY-ST-ZIP	nu partitu that the Information avanting	20 Al 2 - Cli 15 - 1	64 CITY-	ST-ZIP	440 07/07 Fig. 72		115 11	

no nereby certify that the Information supplied with this filling 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 logal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes for or an appears in Block 13 if changes for or an appears.