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

Mailing Address

7501 NW 4TH STREET #112

PLANTATION FL 33317-2246

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

7501 NW 4TH STREET #112 PLANTATION FL 33317

SIGNATURE:

DOCUMENT # P9200008695 (8)

MANIS ENTERPRISES, INC.

4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0371041 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Oity & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution \Box Added to Fees 28 23 Country Ziu Country 25 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MANISCALCO, SHARI 10866 CYPRESS GLENN DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071 83 84 City Zip Code 85 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. Lam lamiliar with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or perfect one of a gentered agent ainfitti. Tappocable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. THLE DELF16 11 TITUE □ Change Addition MANISCALCO, SHARI NAME 1.2 NAMP 10866 CYPRESS GLENN DRIVE STEDEL ATORESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33071 1.4 C(TY - S1 - ZIP COLY-ST ZIE DELETE Addition ☐ Change HILE 21 TITLE NAM: 2.2 NAME STREET ACCUSESS 2.3 STREET ADDRESS 2. 4 CITY - \$1 - ZIF C-FY-51 2# DELETE Change Addition 11111131 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS: 3 4. CITY - \$1 - 7/P DELETE Change Addition 4.1 TITLE Title 4. 2 NAME 4.3 STREET ADDRESS STREET MODELESS 4.4 CITY - ST - ZIP CHY SE 2E DELETE Change Addition Tif. F 5.1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP OTY SE 76 THE DELETE 6 1 TITLE Change Addition 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS CHY-ST Zer 64 CITY-ST-ZIP 14. If do 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 in 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 path; 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

FILED Mar 25 1997 8:00am Secretary of State

3a. Date of Last Report

Daytime Phone #

05/29/1996



3. Date Incorporated or Qualified

11/24/1992