

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012697 (8)

1. Corporation Name

MANTA ENTERPRISES, INC.



Principal Place of Business

ONE BEACH DRIVE
SUITE 2501
ST. PETERSBURG FL 33701

Mailing Address

ONE BEACH DRIVE
SUITE 2501
ST. PETERSBURG FL 33701

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

12/16/1992

3a. Date of Last Report

02/21/1995

4. FEI Number

65-0376486

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PECK, EDWIN
259 4TH AVE. N.
ST. PETERSBURG FL 33712

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 (if not applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHINDLER, MILLARD	
STREET ADDRESS	ONE BEACH DR., SUITE 2501	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	S	<input type="checkbox"/> DELETE
NAME	REISCHMANN, PAT	
STREET ADDRESS	11409 8TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, BOB	
STREET ADDRESS	13080 WILLIAMSFIELD DR.	
CITY-ST-ZIP	ELLCOTT CITY MD 21043	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHINDLER, MARY	
STREET ADDRESS	ONE BEACH DR., SUITE 2501	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRYAN, ROBERT	
STREET ADDRESS	13140 SW 95TH AVE.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BRYAN, JEAN	
STREET ADDRESS	6791 SW 112 ST	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Pat Schindler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

1-19-96

576-0749

Date

Daytime Phone #

CR2E034 (12/95)