

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

FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33701-3958

3. Date Incorporated or Qualified

12/16/1992

3a. Date of Last Report

01/30/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

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 of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

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	ELLICOTT 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" 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	P	<input checked="" 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 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.

SIGNATURE:

*Patricia Reischmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Date

Daytime Phone #

CR2E034 (9/96)