

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:03

DOCUMENT # P93000004556 (5)

1. Corporation Name

LA MANNA & MYERS, INC.

Principal Place of Business

GULFSTREAM BUILDING
8751 W. BROWARD BLVD., SUITE 206
PLANTATION FL 33324
US

Mailing Address

GULFSTREAM BUILDING
8751 W. BROWARD BLVD., SUITE 206
PLANTATION FL 33324
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/14/1993	3a. Date of Last Report 02/25/1994
4. FEI Number 65-0395319	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

THILEM, PAUL
2200 NE 201 STREET
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81. Name Matteis & Christopher, P.A.
82. Street Address (P.O. Box Number is Not Acceptable) One East Broward Blvd.
83. Suite Suite 102
84. City Ft. Lauderdale
85. State FL
86. Zip Code 33301

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

John Matteis

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MYERS, TOM
STREET ADDRESS	12400 VISTA ISLE DR. #1422
CITY - ST - ZIP	SUNRISE FL 33325
TITLE	D
NAME	LA MANNA, ALFRED
STREET ADDRESS	10330 NW 39TH MANOR
CITY - ST - ZIP	CORAL SPRINGS FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D - Director
1.2 NAME	Thomas C. Myers
1.3 STREET ADDRESS	16 Chestnut Circle
1.4 CITY - ST - ZIP	Cooper City, FL 33026
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(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:

Thomas C. Myers

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1/28/95

Date

305-452-0012

(Typed Name)