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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 # P93000025595 (8)

1. Corporation Name

BLAISE MANNING, INC.



Principal Place of Business

19150 FOX LANDING DR  
~~8000 EAGLE RUN DR~~  
BOCA RATON FL 33434  
US

Mailing Address

19150 FOX LANDING  
~~WEST TOWER, SUITE 400~~  
BOCA RATON FL 33434  
US

3. Date Incorporated or Qualified  
04/07/1993

3a. Date of Last Report  
02/05/1996

4. FEI Number  
65-0402969

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.  
no suite  
22 City & State

26 Suite Apt. #, etc.  
NO Suite  
27 City & State

23 Zip Country  
24 25

28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

GOTTLIEB, FREDRICK I. ES  
551 NW 77TH STE STE 212  
WEST TOWER, SUITE 400  
BOCA RATON FL 33487

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNING, CHRISTOPHER	
STREET ADDRESS	8000 EAGLE RUN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNING, SUSAN	
STREET ADDRESS	8000 EAGLE RUN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNING, JOSEPH	
STREET ADDRESS	8000 EAGLE RUN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNING, MARIE MARIA	
STREET ADDRESS	8000 EAGLE RUN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	19150 Fox Landing DR.
1.4 CITY-ST-ZIP	BOCA Raton, FL 33434
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	19150 Fox Landing DR.
2.4 CITY-ST-ZIP	BOCA Raton, FL 33434
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	19120 Fox Landing Dr.
3.4 CITY-ST-ZIP	BOCA Raton, FL 33434
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	19120 Fox Landing Dr.
4.4 CITY-ST-ZIP	BOCA Raton, FL 33434
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 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: Susan Manning director 1-24-97 477-4983  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0822312

CR2E034 (9/96)