

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072101 (7)

1. Corporation Name

MANADU ASSOCIATES, INC.

Principal Place of Business

**1531 SE 13 STREET
FT. LAUDERDALE FL 33316**

Mailing Address

**1531 SE 13 STREET
FT. LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/11/1993

3a. Date of Last Report

02/10/1994

4. FEI Number

65-0446080

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**

6. 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

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**DUMONT, PATRICIA F
1531 SE 13 ST
FT. LAUDERDALE FL 33316**

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 re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSON, CHARLES S
STREET ADDRESS	6920 GIRALDA CIRCLE
CITY - ST - ZIP	BOCA RATON FL 33433
TITLE	D
NAME	CISLO, STANLEY
STREET ADDRESS	141 BIANCA ROAD
CITY - ST - ZIP	DUXBURY MA 02332
TITLE	D
NAME	DUMONT, PATRICIA F
STREET ADDRESS	1531 S.E. 13TH ST
CITY - ST - ZIP	FT. LAUDERDALE FL 33316
TITLE	D
NAME	DUMONT, DOLPH
STREET ADDRESS	1531 S.E. 13TH ST.
CITY - ST - ZIP	FT. LAUDERDALE FL 33316
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	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>delete</i>
1.4 CITY - ST - ZIP	
2. 1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>delete</i>
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 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia F. Dumont **Patricia F. Dumont**

Date

4-22-95

Telephone Number

305-524-7228