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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93	3000085159 (0)									

BRIAN S. MANN INC.



Principal Place of Business Mailing Address						- I TORINARI INA TORIA CINI BONI BONI BONI CONDI CONDI BAREL MADE BANI ADA CARL			
1025 S.E. 8TH COURT DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441									
		DEE	DEERFIELD BEACH FL 33441			3. Date Incorporated or Qualified 12/09/1993 3a. Date of Last Report 05/01/1995			
	4 D. ciocoo	2a M	lahng Address			4. FFI Number	.1	L —	polied For
2. Principal Place	e of Business	26	ica a gr. torr con-			65-0454769			lot Applicable
Suite, Apt. #.	etc.		irite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
2	0.0	27							
City & State			Dity & State			Election Campaign Financing Trust Fund Contribution			May Be
9		28				This corporation has liability for	intangible tax		
Zip	Gountry	F 1	β)	Goun	ıry	Florida Statutes	. Y∠ TNo		
	25	29	red Agent			10. Name and Address of New F	registered A	gent	
	9. Name and Address of Curre	in negiste	ied Agein		31 Name				
				<u> </u>		tress (P.O. Box Number is Not Acceptal	ole)		
Mann, B	RIAN S			l'	Street Add	aress (r. O. Box Hambor 5 Hor) are			
1025 S.E.	. 8TH COURT			ļ.	83				
DEERFIEL	D BEACH FL 33441							85 Z	o Code
				1	84 City	oration submits this statement for the pu lard of directors. Thereby accept the app	FL		<u></u>
12.	Signature (good ne provint da e of eigene da). OFFICERS A	AND DIREC	TORS DELFTE	13.	TLE T	ADDITIONS/CHANGES TO OF	FICENS AND	Change	Add.tion
		AND DIMEG			TLE			Change	Addution
TITLE NAME	D Mann, Brian S			. 12 N	.ME				
STREET ADDRESS	1025 S.E. 8TH COURT			13.57	HEET ADDRESS				
CITY-ST ZIP	DEERFIELD BEACH FL 334	141			TY-ST-ZIF			Change	Addition
TITLE			☐ DEFELE	2 1 1	ì		L		— ···
NAME				2 2 N	ļ				
STREET ADDRESS					REET ADDRESS				
CITY ST-ZIP					11Y - S1 - ZIP			Change	Addition
TITLE			DELETE	3 1 3	1				
NAME				32 N	1				
STREET ADDRESS					STREET ADDRESS				
CITY - ST - ZIP			[] DELETE	4 1	ITY - ST - ZiP			Change	Addition
THILE			L] berri		IAME				
NAME					TREET ADDRESS				
STREET ADDRESS					17r-S1-ZP				
CITY - ST - ZIP			DELETE		TOTLE			Change	e 🔲 Additio
11TLE				5.21	NAME				
NAME				533	STREET ADDRESS				
STREET ADDRESS				5.4	CITY - ST - ZIP				. [] ****
CITY - ST - ZIF			DELETE		1 ILE	 :		Chang	e 🔲 Additio
TITLE				6.2	NAME				
NAME STREET ADDRESS				63	STREET ADDRESS				
CITY-ST-7IP				6.4	C 1Y-ST-ZIP	If the the exemption stated in Section 1	10.07(0)04.5	Inrida Sta	tutes I futher

14. Ido hereby certify that the information supplied with this firing 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 certify 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:

BULL S. Mann SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DABIDONT 3-27-96