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 # P93000088197 (7)

1. Corporation Name

MANE EVENT OF CHARLOTTE COUNTY, INC.

Principal Place of Business	Mailing Address
3871 TAMIAMI TRAIL UNIT - C PORT CHARLOTTE FL 33952	3871 TAMIAMI TRAIL UNIT - C PORT CHARLOTTE FL 33952

2. Principal Place of Business: 21 MANE Event
Suite, Apt #, etc: 22 # Unit C 3871 tamiami trail
City & State: 23 PC Fl
Zip: 24 33952 Country: 25 Char USA

2a. Mailing Address: 26 3871 tamiami, trl
Suite, Apt #, etc: 27 Unit #C
City & State: 28 PC Fl.
Zip: 29 33952 Country: 30 USA

3. Date Incorporated or Qualified: 01/01/1994
3a. Date of Last Report: 03/13/1995
4. FEI Number: 65-0466474 ☐ 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

9. Name and Address of Current Registered Agent

WANTJE, MARY R
21202 OLEAN BLVD., UNIT E-1
PORT CHARLOTTE FL 33952

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 ______ DATE ______
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V ☒ DELETE
NAME	WINN, BRENDA
STREET ADDRESS	3407 KNOX TERR.
CITY-ST-ZIP	PORT CHARLOTTE FL 33948
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR ☐ Change ☒ Addition
1.2 NAME	WANTJE, MARY R
1.3 STREET ADDRESS	21202 OLEAN BLVD, UNIT E-1
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
2.1 TITLE	wrong address ☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	Correct add. 3871 tamiami trail #C
2.4 CITY-ST-ZIP	P.C. Fl 33952
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)(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: X Mary Wantje
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 Date
(941) 625-1009 Daytime Phone #

CR2E034 (12/95)