**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 # **P94000015116 (4)**

1. Corporation Name
**MANHATTAN YORK, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1800 S. AUSTRALIAN AVE., SUITE 205<br>WEST PALM BEACH FL 33409 | P.O. BOX 4521<br>WEST PALM BEACH FL 33402 |

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report: 05/23/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4800 N. FEDERAL HWY | 26 P.O. BOX 1718 |
| Suite, Apt. #, etc.<br>22 307D | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 BOCA RATON FL | City & State<br>28 BOCA RATON FL |
| Zip / Country<br>24 33431 / 25 USA | Zip / Country<br>29 33429 / 30 USA. |

4. FEI Number: 65-0467661 ☐ 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**

PAINE, JEFFREY A P.A.
1800 S. AUSTRALIAN AVENUE, SUITE 205
WEST PALM BEACH FL 33409

**10. Name and Address of New Registered Agent**

81 Name: SANDRA BROOKS
82 Street Address (P.O. Box Number is Not Acceptable): 4800 N. FEDERAL HWY
83 STE 307D
84 City: BOCA RATON FL 85 Zip Code: 33431

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: 4/29/96.
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when changing.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BROOKS, SANDRA<br>1800 S. AUSTRALIAN AVENUE, SUITE 205<br>WEST PALM BEACH FL 33409 ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | P<br>BROOKS SANDRA<br>4800 N. FEDERAL HWY STE 307D<br>BOCA RATON FL 33429-1718 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | 000001881710 ☐ Change ☐ Addition<br>-05/21/96--01041---033<br>***200.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (12/95)

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:** _____ 4/28/96 407-367-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #