FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000015116 (4) DOCUMENT #

MANHATTAN YORK, INC.

Mailing Address Principal Place of Business PO BOX 171821 4800 N. FEDERAL HWY. **BOCA RATON FL 33429 SUITE 307-D BOCA RATON FL 33431**

FILED Feb 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0467661 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Źip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Brooks, Sandra 4800 N. FEDERAL HWY. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 307-D 83 BOCA RATON FL 33431 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE 1.1 TITLE TITLE BROOKS, SANDRA 1.2 NAME NAME 4800 N. FEDERAL HWY., STE 307-D STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP

14. I 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 suppliemental 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. Block 12 or Block 13 if changed, or on an attachment with an address.