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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000024163 (5) **DOCUMENT #** 

MANOR HALL, INC. Principal Place of Business Mailing Address % KERKERING BARBERIO & CO. PA 1854 RINGLING BLVD 42 MANOR HALL AVE HENDON, LONDON, ENGLAND

	T 1214 BIBH OOK	(INDIA BIDDA HIDID	OTHOU HAR HOUSE

00		SARASOTA FL 34	SARASOTA FL 34236		3. Date Incorporated or Qualified 03/25/1994	3a. Date 02	of Last F		
. Principal Plac	ce of Business	2a, Mailing Address				4. FEI Number			Applied For
· · · · · · · · · · · · · · · · · · ·		26				65-0482513			Not Applicable
26 Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.		5. Certificate of Status Desired Security Securi				
Orty & State		City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ad to Fees
Zφ  	Country 25	Ζιρ <b>29</b>	30	untry		This corporation has liability for Florida Statutes      X Yes	intangible tax	under s	199.032,
.1	9. Name and Address of Currer			Ϊ		10. Name and Address of New F	legistered A	gent	
				81	Name				
GLENDINNING, RENEA % KERKERING BARBERIO & CO PA				82	82 Street Address (P.O. Box Number is Not Acceptable)				
1858 RINGLING BLVD				83					
SARASO	OTA FL 34236			84	Crty		FL	<b>85</b> Z	ip Code
	Signature, hypother printed number of regelered agent OFFICERS AN	caronice Lapplication	(NÖTE: Rugistera		nt signature required	when renstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECT	ORS IN 12
2. Ili	D	DELETE		TITLE		ADDITIONAL PROJECT TO ST.		7 Change	
	GERALD, BEVERLY			NAME			-		
AME Line La Administration	42 MANOR HALL AVENUE				ADDRESS				
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1Y-\$1-7#					ST-ZIP				
	SARASOTA FL			CITY -	51-71P			☐ Change	Addition
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LE IME FEL: ADORESS	SARASOTA FL		4 1 42 4.3 44	TITLE NAME STREE COLY-					- Address
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LE ME HELLADORESS TY STEZIF FLE	SARASOTA FL		4 1 42 4.3 4.4 5 1	THEF NAME STREE CHY- THEF NAME	1 ADDRESS S1 - ZIP				☐ Add₁tion
ILF MME HELLADORESS TY STEZIP ILF MME	SARASOTA FL		4 1 4 2 4 3 4 4 4 5 1 5 2 5 3	THUE NAME STREE CHY- THUE NAME STREE	T ADDRESS ST-ZIP T ADDRESS				Addition
LLF MME MEL: ADORESS TY ST-ZIP LLF MME MME HEET ADORESS TY-ST-ZIP	SARASOTA FL	☐ DELETI	4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	TITLE NAME STREE CITY- TITLE NAME STREE CITY-	1 ADDRESS S1-ZIP T ADDRESS S1-ZIP			Change	
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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: Panea M. De Line OF SIGNING OFFICER ON DIRECTOR

(941) 365-4617