Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

ZYes

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000024163**1. Corporation Name

MANOR HALL, INC.							
Principal Place of Business	Mailing Address		(ISSUES) HE (SHI SHI) SANK SANK SANK				
42 MANOR HALL AVE HENDON, LONDON, ENGLAND OC	1858 RINGLING BLVD 1854 RINGLING BLVD SARASOTA FL 34236		DO NOT WRITE IN THIS SPACE				
	US		3. Date Incorporated or Qualifed 03/25/1994				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number				
21	26		65-0482513				
Suite, Apt. #, etc. Suite, Apt. #, et 27			5. Certificate of Status Desired \$8.				
City & State	City & State		6. Election Campaign Financing				
23	28		6. Election Campaign Financing Trust Fund Contribution Ad				
Zip Country	Zip	Country	This corporation owes the current year Intangible Personal Property Tax. Yes				
24 25	29	30	10. Name and Address of New Registered Agent				
9. Name and Address of Curi	ent Registered Agent	81 Name	10. Name and Address of New Keylstered Agent				
Glendinning, renea % Kerkering Barberio & CO F	' A	82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
1858 RINGLING BLVD SARASOTA FL 34236		83					
5. 52. 15. 5 . 12. 1 2		84 City	FL 85				

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90185 034 ***150.00



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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NAME BEVERELY, GERALD 12. NAME BEVERELY, GERALD 13. STREET ADDRESS CITY-ST-ZIP DELETE 1.1 TITLE BEVERELY, GERALD 1.3 STREET ADDRESS CITY-ST-ZIP NAME VEVERLEY, ADELE 22. NAME STREET ADDRESS CITY-ST-ZIP HENDON LO DELETE 22. NAME 22. NAME STREET ADDRESS CITY-ST-ZIP HENDON LO DELETE 3.1 TITLE ST DELETE 3.1 TITLE Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Addition Change Change Addition Change Addition Change Change Addition Change C				84 C	City			FL	85 Zip 1	Code
Signature, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating) 12.	office or r	registered agent, or both, in the State of Florida, Such	change was auth	orized by the	amed cor corporat	rporation submits th tion's board of direc	is statement for to stors. I hereby ac	he purpose of	changing its	registered gistered
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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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an other stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an other stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an other stated in Section 119.07(3)(i) and the same level at the stated in Section 119.07(3)(ii) and the same level at the same le	14. I herehv	certify that the information supplied with this filing doe	s not qualify for th	e exemption	stated in	Section 119.07(3)((i), Florida Statute	es. I further cer	tify 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 it made under oath; that I am are 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, with all other like empowered.

SIGNATURE:

Renew M. W) Slee Latin PRINTED NAME OF SIGNING OFFICER OR DIRECTOR