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 # **P94000028461**

1. Corporation Name

MANCOOVE CODD

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90139 043 ***150.00

	JVE GURF.								
Principal Place	of Queinose	Mailing Address		 -		A INDRINON IIN KAKI BIDIN POKI HONI			I BIIIBA IIBA ABA
		-							
2323 STATE ROAD 84 FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312						DO NOT WRITE	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed 04/12/1994			
	(Desired	De Mailine Address				4. FEI Number			plied For
_	lace of Business	2a. Mailing Address				65-0490783		<u> </u>	ot Applicable
21		Suite, Apt. #, etc.				0070480700			Additional
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			}	5. Certificate of Status Desired			equired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Country			8. This corporation owes the curre	nt year Int	angible	
24	25	29	10			Personal Property Tax.		. ☐ Yes	∑ \$4₀
	9. Name and Address of Curre	nt Registered Agent			1	0. Name and Address of New Re	gistered	Agent	
			81	Name					}
	RITE CORP. LTD		82	Street A	Address	(P.O. Box Number is Not Acceptab	ole)	·	
2323 STATE ROAD 84									
FT. L	AUD FL 33312		83						
			84	City			FL	85 Zip	Code
		00 1007 1500 51 15 01-1	# b - · ·			the authority this statement for the s		changing its	registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State	of Florida. Such change was aut	horized by	the corbo	corporation's	board of directors. I hereby accept	the appoi	ntment as re	gistered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	la Statutes						
SIGNATURE							DATE		
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F ND DIRECTORS	tegistered Ager	nt signature re	equired whe	ADDITIONS/CHANGES TO OFF		D DIRECTO	PS IN 12
12.	DPTS OFFICERS A	DELETE	1.1 TITLE			ASSITIONO/OTHEROES TO GIT	102110 111	☐ Change	Addition
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NAME	ORGLER, HARRY		1.2 NAME	ADDRESS				,	
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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 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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE: