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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000029278 (6) **DOCUMENT #** Corporation Name JOSEPH L. MANNO COMPANY Mailing Address Principal Place of Business 2501 SOUTH OCEAN DRIVE 2501 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1995 04/18/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0481661 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zip Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 82 343 ALMERIA AVENUE 83 **CORAL GABLES FL 33134** Zip Code 84 Orty 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. Thereby accept the appointment as registered agent. Lanufamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE NOTE Registered Agent signature required vises renstatings. Stignature: Typed or prints it name at regeltered a vinit and title it apply at a ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1 1 HILE TITLE 1.2 NAME MANNO, JOSEPH L NAME 2501 SOUTH OCEAN DRIVE 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 OITY - ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3 1 1111 (TITLE 3.2 NAM6 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - Si - 7IP CITY - ST - ZIP Change ☐ Addition DELETE 4.1 TillsF NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZiP CITY - ST - ZIP Change ☐ Addition DELETE 5 1 TITLE NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CiTY - ST - ZIF CITY - ST-ZIP Addition ☐ Change DELETE 6 THEF 6.2 NAME

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 coatr, 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 plock. 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

€ 4 CITY - ST- ZIP

SIGNATURE:

STREET ADDRESS

april 17 4 1996 (954)

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