FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

$1.95 B.7713 C

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:27

DOCUMENT # **P94000048600 (8)**

1. Corporation Name

MANZELLA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
20 S.E. 5TH AVE DELRAY BEACH FL 33444	20 S.E. 5TH AVE. DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0502480 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

MANZELLA, JOHN
20 S.E. 5TH AVE.
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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: John Manzella PREZ. — DATE 4/26/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANZELLA, JOHN
STREET ADDRESS	20 S.E. 5TH AVE.
CITY-ST-ZIP	DELRAY BEACH FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 changed, or on an attachment with an address.

SIGNATURE: John Manzella PREZ. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/26/95 — Daytime Phone #

0277142 CP

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 JUL 24 AM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001545073
-07/25/95--01053--016
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000049244

1. Corporate Name
Integroup Realty Advisors, Inc.
MBC CORP

Principal Place of Business / Mailing Address
7077 Bonneval Road
Suite 300, One Harbert Center
Jacksonville, FL 32216

3. Date Incorporated or Qualified: 6/29/94
3a. Date of Last Report:

4. FEI Number: 59-3293398 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 7077 Bonneval Road
Suite, Apt. #, etc.
22 Suite 450
City & State
23 Jacksonville, FL
Zip
24 32216
County
25 Duval

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
F&L Corp.
200 Laura Street
Jacksonville, FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	Director
NAME	A.L. ("Ton") van Mook
STREET ADDRESS	7077 Bonneval Rd., Suite 300
CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	Director/Secretary	[X] Change ☐ Addition
1 NAME	A.L. ("Ton") van Mook	
1 STREET ADDRESS	7077 Bonneval Rd., Suite 450	
1 CITY-ST-ZIP	Jacksonville, FL 32216	
2 TITLE	President/Treasurer	☐ Change [X] Addition
2 NAME	Ronald F. Buckley	
2 STREET ADDRESS	7077 Bonneval Road, Suite 450	
2 CITY-ST-ZIP	Jacksonville, FL 32216	
3 TITLE	Assistant Secretary	☐ Change [X] Addition
3 NAME	Lester N. Garripee	
3 STREET ADDRESS	7077 Bonneval Road, Suite 450	
3 CITY-ST-ZIP	Jacksonville, FL 32216	
4 TITLE		☐ Change ☐ Addition
5 TITLE		☐ Change ☐ Addition
6 TITLE		☐ Change ☐ Addition

CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 changed, or on an attachment with an address.

SIGNATURE: [signature] RONALD F. BUCKLEY 7/5/95 904-296-2970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #