


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000057045 (4)
1. Corporation Name
MANTEL ENTERPRISES, INC.

Principal Place of Business 3167 INVERNESS FT LAUDERDALE FL 33332	Mailing Address 3167 INVERNESS FT LAUDERDALE FL 33332
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1994		3a. Date of Last Report 08/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0512648		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MANTEL, HANS 3167 INVERNESS FT LAUDERDALE FL 33332				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 Zip Code				FL			

I, the undersigned, being a resident qualified person, do hereby certify that I am the owner of the above-named corporation, and that I am authorized by the board of directors to execute this statement for the purpose of changing its registered agent 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 607.0405, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 8-5-97

OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETED	1.1 TITLE	Change			Addition
NAME	MANTEL, HANS		1.2 NAME				
STREET ADDRESS	3167 INVERNESS		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33332		1.4 CITY-ST-ZIP				
TITLE	D	DELETED	2.1 TITLE	Change			Addition
NAME	MANTEL, KATHERINE A		2.2 NAME				
STREET ADDRESS	3167 INVERNESS		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33332		2.4 CITY-ST-ZIP				
TITLE		DELETED	3.1 TITLE	Change			Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		DELETED	4.1 TITLE	Change			Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETED	5.1 TITLE	Change			Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETED	6.1 TITLE	Change			Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* KATHERINE MANTEL 8-5-97 954-389-

CR2E034 (4/97)