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

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

MANTEL, HANS 3167 INVERNESS

Suite, Apt. #, etc.

City & State

SIGNATURE:

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Zip



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9400057045 (4)

1. Corporation Name

MANTEL ENTERPRISES, INC.

Principal Place of Business Mailing Address
3167 INVERNESS 3167 INVERNESS
FT LAUDERDALE FL 33332 FT LAUDERDALE FL 33332

Country.

9. Name and Address of Current Registered Agent

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Jan 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

∏ No

☐ Yes

Not Applicable

3. Date Incorporated or Qualified

08/02/1994

65-0512648

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

3167 INVERNESS				Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33332			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE								
12. OFFICERS AND DIRECTORS 13.								
TITLE	D	DELETE	1.1 TITLE			Change	Addition	
NAME	MANTEL HANS	_	1.2 NAME			_ •	_ [:	
STREET ADDRESS	0407 100 550 500		1.3 STREET	ADDRESS				
CITY-ST-ZIP	ET LAUDEDDALE EL ACCO		1.4 CITY - S				15	
TITLE	D	DELETE	2.1 TITLE			Change	Addition (
NAME	MANTEL, KATHERINE A	ANTEL, KATHERINE A						
STREET ADDRESS	OLOT BUILDING		2.3 STREET	ADDRESS			ĺ	
CITY-ST-ZIP	ET LAUMENDALE EL GOGGO		2. 4 CITY-S		∃ ~~\$			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S1	- ZiP		_		
TITLE		DELETE	5.1 TITLE		E	Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	NDDRESS			1	
CITY - ST - ZIP			5.4 CITY-ST	- 21P				
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST					
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 13 if changing or on an attachmy with an address.								

Country