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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400083895 (0)

MANATEE ECLECTABLES, INC.

Principal Place of Business Mailing Address						-{		##### 	
P.O. BOX 1996 7440 SOUTH (SARASOTA FL	CASS CIR.	P.O. BOX 19962 SARASOTA FL 34276-2962							
US						3. Date Incorporated or Qualified 11/14/1994		ate of Last F 27/1996	Report
	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				65-0553113			ot Applicable
Sulte, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	M		Additional equired	
City & Sta	ate	City & State			6. Election Campaign Financing	-		May Be	
23	1 0	28	1 6			Trust Fund Contribution			to Fees
Zip	Country	Zip	Cpu	ntry	1	8. This corporation has liability for	intangible Yes		s. 199.032,
24	[25] 9. Name and Address of Curren	29 Apont	30			Florida Statutes 10. Name and Address of New Re			
110		it riogistered rigoni		81	Name	10. Italio vila radioss of front flo	giotorou .	- agoin	
	RAN, MICHAEL 0 2ND ST.		\						
	7E 850	82 . Sti			Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		
	VASOTA FL 34238		Ì	83					
יותט	NOOTA I E 04200								
				84	City		FL	85 Zip	Code
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607,1508, Florida Statu of Florida Such change was ations of, Section 607,0505, Fl	tes, the at authorized orida Stati	oove d by utes	e-named corporations.	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of ot the app	changing i ointment as	its registered s registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title II applicable. (NO	it: Reg stored	I Age	nt signaturo require	od when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	R\$ IN 12
TITLE	DPS	☐ DELETE	1.1 111	TLE				Change	Addition
NAME	DICROSTA, MARY C	12)		1.2 NAME					
STREET ADDRESS			1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34231-7034		1.4 00		1 - ZIP				
TITLE	DV\$	☐ DELETE	2.1 ¹ 1/1LE					Change	L_] Addition
NAME .	BARTELL, PHILIP B		2.2 NAf						
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34234			_	51-7IP			1105	F T NAME
TITLE		טונונונ ביי	3.1 111					Change	Addition
NAME			3.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE				3.4. C/TY - ST - Z/P 4.1.1/TLE				Change	Addition
NAME				4. 2 NAME				Onange	
STREET ADDRESS					ADDRESS				
City-St-Zip	•		4.4 00						
TITLE		DECETE	5.1 7(1					Change	Addition
NAME			5.2 NA	ME				•	
STREET ADDRESS			5.3 BT	REFI	ADDRESS				
	1		_		,				

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.

54 DITY-ST-ZIP

6.3 \$TREET ADDRESS 6.4 \$TY - ST - ZIP

61 DITLE 62 NAME

DELETE.

CHATURE MAN ARMAN MAN (D. 11) 4/2/97 QU/972 2967