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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000088666 (0)**

MANDA-ONE CORPORATION

Mailing Address Principal Place of Business 577 SOUTH DUNCAN AVE. 577 SOUTH DUNCAN AVE. CLEARWATER FL 34616-6256 CLEARWATER FL 34616 3. Date Incorporated or Qualified 3a. Date of Last Report 08/01/1996 12/07/1994 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For 59-3289220 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Zıc Yes No 30 Florida Statutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VERNON, J. MARCUS 577 SOUTH DUNCAN AVE. Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** 83 84 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 (NOTE: Registered Agent signature required when reinstating) Stip-ature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition PD DELETE 1.1 TITLE THLE MARCUS, VERNON J 1.2 NAME NAME **577 SOUTH DUNCAN AVENUE** 1.3 STREET ADORESS STREET ADDRESS CLEARWATER FL 1.4 CITY-ST-ZIP CITY - S1 - ZIF DELETE Change Addition 2.1 TITLE 1016 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CCLY - ST - ZIP Addition Change DELETE 3.1 TITLE THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZIP Addition Change DELETE 4.1 TITLE THILE 4. 2 NAME NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Flook

STREET ADORESS

CHIY-SI-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the receiver or trustee empowered of 13 is changed, or on an attachment with an address.

FILED

May 14 1997 8:00am

Secretary of State