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Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90118 009 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000088666

1. Corporation Name

MANDA-ONE CORPORATION



Principal Place of Business

577 SOUTH DUNCAN AVE.  
CLEARWATER FL 34616

Mailing Address

577 SOUTH DUNCAN AVE.  
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1994

2. Principal Place of Business

21 1721 RAINBOW DR.

Suite, Apt. #, etc.

22 City & State

23 CLEARWATER, FL.

24 Zip

25 PINELLAS

26 Country

27 33755

2a. Mailing Address

26 1721 RAINBOW DR.

Suite, Apt. #, etc.

27 City & State

28 CLEARWATER, FL.

29 Zip

30 PINELLAS

31 Country

32 33755

4. FEI Number

59-3289220

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 owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VERNON J. MARCUS  
577 SOUTH DUNCAN AVE.  
CLEARWATER FL 34616

81 Name

VERNON J. MARCUS

82 Street Address (P.O. Box Number is Not Acceptable)

1721 RAINBOW DR.

83

84

City

CLEARWATER

FL

85

Zip Code

33755

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

TITLE ☐ DELETE

NAME PD MARCUS, VERNON J

STREET ADDRESS 577 SOUTH DUNCAN AVENUE

CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD VERNON J. MARCUS

1.3 STREET ADDRESS 1721 RAINBOW DR.

1.4 CITY-ST-ZIP CLEARWATER, FL 33755

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

727-447-4444

Date

Daytime Phone #

CR2E034 (1/1/98)