

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000021262 (7)**

1. Corporation Name
MANCINI & MOISHE, INC.



Principal Place of Business: **14 RIDGEDALE AVE. SUITE 205 CEDAR KNOLLS NJ 07927-1106**
Mailing Address: **14 RIDGEDALE AVE. SUITE 205 CEDAR KNOLLS NJ 07927-1106**

3. Date Incorporated or Qualified: **03/15/1995**
3a. Date of Last Report
4. FEI Number: **65-0580015** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 3745 TAMiami TRAIL NORTH**
Suite, Apt #, etc: **22**
City & State: **23 NAPLES, FLORIDA**
Zip: **24 34103** Country: **25 USA**
2a. Mailing Address: **26 SAME**
Suite, Apt #, etc: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**ZEIDNER, MICHAEL
15072 ASHLAND PLACE
NO. 108D - LAKES OF DELRAY
DELRAY BEACH FL 33484-4138**

10. Name and Address of New Registered Agent
81 Name: **MICHAEL ZEIDNER**
82 Street Address (P.O. Box Number is Not Acceptable): **2850 CITRUS LAKE DRIVE**
83
84 City: **NAPLES, FLORIDA** FL 85 Zip Code: **34109**

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]* DATE: **8/1/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEIDNER, MICHAEL	1.2 NAME	
STREET ADDRESS	14 RIDGEDALE AVE., STE. 205	1.3 STREET ADDRESS	2850 CITRUS LAKE DRIVE
CITY-ST-ZIP	CEDAR KNOLLS NJ 07927-1106	1.4 CITY-ST-ZIP	NAPLES, FLORIDA 34109
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, JOSEPH	2.2 NAME	
STREET ADDRESS	14 RIDGEDALE AVE., STE. 205	2.3 STREET ADDRESS	2334 ARBOR WALK CIRCLE #1026
CITY-ST-ZIP	CEDAR KNOLLS NJ 07927-1106	2.4 CITY-ST-ZIP	NAPLES, FLORIDA 34109
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **8/1/96** TELEPHONE: **941-263-9177**

CR2E034 (3/96)