## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

	ANNUAL REPORT Secretary of State  1996  Division of Corporations					DNS			
L	MENT# P9	50000	34300	(0)					
MANI	DARIN ENTERPRISE,	INC.							
Principal Place	of Business	<b>M</b> a	ailing Address					ift #0/4/ <b>40/03</b> 4/1// 8/4	<b>40</b> 11/41 <b>00</b> 111 <b>00</b> 11 1001
1223 SUNSHINE TREE BLVD. LONGWOOD FL 32779			1223 SUNSHINE TREE BLVD. LONGWOOD FL 32779						
							3. Date Incorporated or Qualified 05/03/1995	3a. Date of Las	it Report
2. Principal Place of Business			2a. Mailing Address				A. FEI Number	/	Applied For
21		26	O. St. A. L. 6				59-330611		Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional ee Required
City & Stall	,		City & State				Election Campaign Financing     Trust Fund Contribution		.00 May Be
<b>[23</b> ] Ζφ	Country	28	Zip	Cox	Untry		8. This corporation has liability for	ntangible tax unde	
24 25 9. Name and Address of Currel			29 30		L		Florida Statutes Yes No  10. Name and Address of New Registered Agent		
	9, Name and Address o	i Current negis	tereo Agent	<del></del>	81	Name	10. Helilo dilu Addiess di Rom i	agistoled Agent	
CHEW, CHRISTINE					82	Street Addre	ess (P.O. Box Number is Not Acceptab	łe)	
8748 WITTENWOOD COVE									
ORLAI	NDO FL 32836				83				
					84	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections (	607.0502 and 60	7.1508, Florida Sta	tutes, the ab	OVE-L	named corpora	ation submits this statement for the pur d of directors. I hereby accept the app	pose of changing	its registered office
familiar wi	th, and accept the obligations	s of, Section 607	J505, Flor Jan tatu	tes.	corp	Oralion's Doan	d of directors. Thereby accept the app		0 /
SIGNATURE .	Styriating typical or probabilisms of eigi	Pered alread and block	n Cou	(NOTE Registers	d Agen	nt signature required	When reinstaling)	DATE	76
12.	OFFIC	CERS AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFF		
VII LE	President John Z. Lw 1223 Sunshi	,	DELETE	1	TILLE			☐ Char	nge 🔲 Addition
NAME CALLEL ANDRESCO	John Z. LW	۸ <u></u>	D/ /		IAME	ADDRESS			
STHEET ADDRESS CITY-ST-ZIP	1223 Sunshi	ne irre	PINA		CITY - S				
lift	Longwood. 1	=( 3277	9 DELETE		11116			Char	nge 🔲 Addition
NAMI				221	AME				
STREET ADORESS						ADDRESS			
THEF	Treasure		DELETE		CITY - S THLE	91 - ZIF		☐ Char	nge 🔲 Addition
NAME	Track V /	uh		1	NAME		í		
STREET ADDRESS	170CY 1. 4	one Tre	e Blud	33	STREE	i address			
CITY-ST-ZIP	Tracy Y. L. 1223 Sunsh Longwood, F	/	79		CITY-S Tille	ST - ZIP		☐ Chai	nge
NAME:	1	J _ ,	· / Domin		NAME				ngo
STREET ADDRESS						ADDRESS			
CIFY-S1-7/2				44(	DITY - S	ST-ZIP			
TITLE			Dece le		TITLE			☐ Chai	nge 🛅 Addition
NAME CHALLE AMADE OF					AME STREET	ADDRESS			
STREET ADDRESS CITY+SY-ZIP					SINEE I SITY - S				
IDLE			□ DELETE		TITLE			☐ Cha	nge 🔲 Addition
NAME				621	NAME				
STREET ADDRESS				633	STREET	ADDRESS			

14. I do hereby cortify 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chynged or on an attaching not with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

6 4 CHTY - ST - ZIP