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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086274 (4)

LANDMANN MANUFACTURING INC.

FILED Apr 28 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address				I HODITEGI HEE ERADI DIDIN BOHR DOFFIL O		AU 81915 HOU FOR	AH 0481 1001
2301 NORTH ALBANY AVE.		16637 VALLELY DR.							
TAMPA FL 33607 TAMPA FL 33618									
US					1	DO NOT WRIT	E IN THIS	SPACE	
						11/08/1995			ŀ
2. Principal F	Place of Business	2a. Mailing Addre	is\$			4. FEI Number		Ι	pplied For
21		26 12200	ACADE	mV NE	<u> </u>	59-3363333			ot Applicable
Suite, Apt	₩, etc	Suite, Apt. #,	etc				4		Additional
22		27 # 121	4			5. Certificate of Status Desired	X		equired
City & Stat	te	City & State		- NIM		6. Election Campaign Financing		\$5.00	May Be
23			VERQUE	/////	[Trust Fund Contribution			to Fees
Zip	Country	2ip & 7/		OUNTRY USA		8. This corporation owes or has p			
24	25 25 S. Name and Address of Curren	t Registered Agent	// 30	7274		Personal Property Tax due Jun 10. Name and Address of New R			No
wc		Trogistorou Agoric		B1 Name		10. Name and Address of New A	eğisteren	Agent	
	OLFE, LARRY D - A JOHN KNOX RD.								
		82 Stree	1 Addres	s (P.O. Box Number is Not Accepta	ble)				
174	LLAHASSEE FL 32303-6643			83					
				84 City			FL	85 Zip (Code
11, Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florid	a Statutes, the	above-name	d corpora	ation submits this statement for the			ts registered
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 agont, or both, in the State of Florida Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									İ
SIGNATORE	Signature, typed or printed name of regularied agos		(NOTE Registe	ered Agent signatur	re required	when reinstating)	DATE		
12.	OFFICERS AND		1:	3.		ADDITIONS/CHANGES TO OFFI	CERS ANI	D DIRECTOR	RS IN 12
TIFLE	D	☐ DEL	ETE 11	TITLE				☐ Change	☐ Addition
NAME	LANDMANN, HOWARD		1.2	NAME					Į.
STREET ADDRESS	16637 VALLELY DR.		1.3	STREET ADDRESS	i				
CITY-ST-ZIP	TAMPA FL 33618	T or		CITY-ST-ZIP	↓				
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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 receivor 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 charged, or on an attachmost with an address.

CICMATUDE

Hower Landham

4/18/98

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R2E034 (10/97)