


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90048 024 ***158.50

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000086274 1. Corporation Name LANDMANN MANUFACTURING INC.			
Principal Place of Business 2301 NORTH ALBANY AVE. TAMPA FL 33607 US		Mailing Address 12200 ACADEMY BNE 1214 ALBUQUERQUE NM 87111 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 11/08/1995		4. FEI Number 59-3363333	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent WOLFE, LARRY 200 - A JOHN KNOX RD. TALLAHASSEE FL 32303-8643	
9. Name and Address of New Registered Agent 81 Name KARL W GUENTHER 82 Street Address (P.O. Box Number is Not Acceptable) 399 DOLLY BAY DR T306 83 City PALM HARBOR FL 85 Zip Code 34684-1137		10. Name and Address of New Registered Agent	
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, familiar with and accept the obligations of Section 607.0501, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE 5/7/1999			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME LANDMANN, HOWARD STREET ADDRESS 16637 VALLEY DR. CITY-ST-ZIP TAMPA FL 33618		1.1 TITLE D 1.2 NAME LANDMANN, HOWARD 1.3 STREET ADDRESS 12200 ACADEMY #1214 1.4 CITY-ST-ZIP ALBUQUERQUE NM 87111	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

505 342 5326

Daytime Phone

CR2E034 (11/98)