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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENTALISTATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90119 026 ***158.75

	MENI# 7760000909	3*		
A)	lemson Manon Inc			
21	(Chi) on			
Principal Plac	e of Business Mailing Address			
	2// 27/5 0//2/ 400			
39 -	146 OTIS Allen Rd- hyphills, II 33540		DO NOT WRITE IN THIS	SPACE
Zep.	hyzhills, DI 33590		3. Date Incorporated or Qualifed	
•	,		1 - 25 - 96 4. FEI Number	·
2. Principal P	Place of Business 2a. Mailing Address			Applied For
21 3774	6 0715 Allon Ro 26		59-336/257	Not Applicable
Suite, Apt.	#, etc. Suite, Apt. #, etc	2.	5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & Stat			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip	Country	8. This corporation owes the current year Inta	ingible
24 335	40 25 USA 29	30	Personal Property Tax.	Yes 1 No
	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered A	Agent
~	1 (1)	81 Name		
Doug	las clamsen	82 Street Ad	tdress (P.O. Box Number is Not Acceptable)	
3974	las Clemson 6 otis Allen Rd-			
7 . 1	nhills, F). 33540	83		
Lephy	n41113, 121, 20	84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida	Statutes, the above-named co	orporation submits this statement for the purpose of	changing its registered
office or r agent. I a	to the provisions of Sections 607, 1902 and 607, 1906, Fiolida registered agent, or both, in the State of Florida. Such change am familiar with and accept the obligations of, Section 607,050	was authorized by the corpora	ation's board of directors, I hereby accept the appoin	ilmeni as registered
		o, riulida olaldies.		·
1				
SIGNATURE	Signature reped or primers name of registered agent and title of applicable.	(NOTE: Registered Agent signature requ	uired when reinstating) DATE	59
SIGNATURE	Signature Apped or primited name of registered agent and title of applicable. OFFICERS AND DIRECTORS	(NOTE: Registered Agent signature requ		59
SIGNATURE 12. TITLE	Signature of primited name of registered agent and title of applicable. OFFICERS AND DIRECTORS DELE	(NOTE: Registered Agent signature required and the signature required and t	uired when reinstating) DATE	59
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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 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:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #