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

P96000014116 (3)

PROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20 1998 8:00am Secretary of State

MANA	TEE PROPE	erty managen	MENT, INC.	,				18 14 618 8 1 11 8 8 1 11	
Principal Pla	ice of Business		Mailing Address		_		-{	(8)) 8/88/ // /8 / /	810 8111 1081
309 LAKE AVENUE 309 LAKE AVENUE LAKE WORTH FL 33460							DO NOT WRITE IN THE	e edace	
							DO NOT WRITE IN THI 3. Date Incorporated or Qualified	5 SPACE	
							The state of the s		
2, Principal Place of Business 2e. Mailing Address							02/12/1996 4. FEI Number	TĀ	pplied For
1			26				65-0643279	⊢ —+–	lot Applicabl
Suite, Ap	t #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional lequired
City & Sta	sto		City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip		Country	Zip	Cour	try		8. This corporation owes or has paid the c		
24	2:	-n ´	29	30	,		Personal Property Tax due June 30.] No
			ent Registered Agent				10. Name and Address of New Registere	d Agent	
L	OURMAIS, PA	TRICIA ESO.			B1	Name			
309 LAKE AVENUE LAKE WORTH FL 33460					32	Street Addre	ss (P.O. Box Number is Not Acceptable)		
					33				
				h	14	City		85 Zip	Code
					╝	· · · · · · ·	F	- 1	
SIGNATURE		printed name of registered at	uent and title if applicable (NO			nt signature required			
12.		OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	0 047004			1.1 TITLE			☐ Change	Addition
NAME		S, PATRICIA		1.2 NAM					
STREET ADDRESS	,					ADDRESS			
CITY-ST-ZIP TITLE					1.4 CITY-ST-ZIP 2.1 TITLE		······································	Change	Addition
NAME	_			22 NAME					
STREET ADDRESS	1	•				ADDRESS			
CITY-ST-ZIP	1	RTH FL 33460		2. 4 CIT		ì			
			DELETE	3.1 TITL				☐ Change	Addition
NAME	į.			3 2 NAN	1E	l			
STREET ADDRESS	1.			3.3 STA	EET A	address			
CITY-ST-ZIP				3.4. CIT		T-ZIP			
TITLE	Į.		DELETE	4.1 TITL		ļ	•	Change	Addition
NAME				4. 2 NA					
STREET ADDRESS	1			1		ADDRESS			
CITY - ST - ZIP	 			4.4 CITY	_	r-ZIP			
TITLE			DELETE					Change	Addition
tister			DELETE	5.1 TITL				Change	Addition Addition
NAME			☐ DELETE	5.2 NAM	ΙE	ADDRECO		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			DELETE	5.2 NAM	IE Eet <i>j</i>	AODRESS		☐ Change	Addition

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 chapter 6, or on an attachment with an address. 4-6-98 (561) 547-5969 SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP