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

Mailing Address

10147 OVERSEAS HWY

TRADEWINDS PLAZA

KEY LARGO FL 33037

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000017273

Principal Place of Business 101407 OVERSEAS HWY

TRADEWINDS PLAZA

KEY LARGO FL 33037

MANES ENTERPRISES, INC.

US		US			02/26/1996				
2. Principal Pl	. Principal Place of Business 2a. M.		Mailing Address		4. FEI Number		Appl	ied For	
21	26				65-0658355		Not	Applicable	
Suite, Apt.							8.75 Ad	ditional	
22	27				5. Certifcate of Status Desired	О	Fee Req	uired	
City & State	9	City & State			6. Election Campaign Financing		\$5.00 M	lav Be	
23		28			Trust Fund Contribution		Added to	•	
Zip	Country	Zip	Country		8. This corporation owes the cur	rent vear Intang	ible		
	25	<u> </u>	10		Personal Property Tax.			∃No	
24	9. Name and Address of Current				10. Name and Address of New	Registered Age	ent		
	5. Name and Address of Current	81	Name	1,200					
MANES, LUIS F.									
101407 OVERSEAS HWY				82 Street Address (P.O. Box Number is Not Acceptable)					
TRADEWINDS PLAZA									
KEY LARGO FL 33037				84 City 85 Zip Code					
			0-	City		FL `			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	-named corp	oration submits this statement for the	purpose of cha	nging its re	egistered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligations.	it Florida. Such change was aut	norizea by	tne corporatio	on's board of directors. I hereby acce	pt the appointm	ent as regi	sterea	
agent. I ai	m tamiliar with, and accept the obligati	ons or, Section 607.0303, Floric	aa Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if poplicable (NOTE: B	Ponietored Anen	t signature requires	d when reinstating)	DATE			
12.	OFFICERS AND		13.	. digitation or open	ADDITIONS/CHANGES TO OF	FICERS AND [IRECTOR	S IN 12	
	P	☐ DELETE	1.1 TITLE] Change	Addition	
TITLE	· · · · · · · · · · · · · · · · · · ·							_	
NAME	MANES, LUIS		1.2 NAME						
STREET ADDRESS	10147 OVERSEAS HWY		1.3 STREET	ADDRESS					
CITY-ST-ZIP	KEY LARGO FL		1.4 CITY-S1	- ZIP					
TITLE	T	☐ DELETE	2.1 TITLE		•	L] Change	☐ Addition	
NAME	MANES, CARMEN		2.2 NAME	Ì					
STREET ADDRESS	101407 OVERSEAS HWY		2.3 STREET	ADDRESS					
CITY-ST-ZIP	KEY LARGO FL		2.4 CITY-S	T-ZIP	4	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	~ -		
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition	
			3.2 NAME						
NAME			3.3 STREET	* PDDCCC			,		
STREET ADDRESS									
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			Change	Addition	
TMLE		☐ DELETE	4.1 TITLE			اسا	7 cuanãe		
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP					
TITLE		☐ DELETE	5.1 TITLE] Change	☐ Addition	
NAME			5.2 NAME	ļ,					
STREET ADDRESS			5.3 STREET	ADDRESS '					
			5.4 CITY-ST	r-ZIP					
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE		<u></u>		Change	☐ Addition	
			6.2 NAME			_	-	•	
NAME			6.3 STREET	ADDRESS	•				
STREET ADDRESS									
CITY-ST-ZIP			6.4 CITY-S			1645	Aland Alan !-!	ia — a etia =	
indicated	certify that the information supplied wit on this annual report or supplemental	annual report is true and accura	ate and that	mv signature	e shall have the same legal effect as	ir made under o	am, mai i e	31111 28171	
officer or	director of the corporation or the recei	ver or trustee empowered to exe	ecute this re	eport as requi	ired by Chapter 607, Florida Statutes	; and that my n	ame appea	ars in	
Block 12	or Block 13 if changed, or on an attacl	nment with an address, with all o	other like er	npowered.					

SIGNATURE:

FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90130 038 ***150.00

DO NOT WRITE IN THIS SPACE