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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023300 (2)

MANGAN MANAGEMENT CORPORATION OF FLORIDA

FILED Jan 29 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				1 159/100) HE 1816 STIM SOUL BOWN ONLY BRITE HERO 14106 (111) BOW COM 1004			
700 N. OLIVE W. PALM BEA		700 N. OLIVE AVENUE W. PALM BEACH FL 33	3401-4015						
						Date Incorporated or Qualified 03/14/1996	3a. Da	te of Last	Report
	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0662621			lot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
22 City & Stat		City & State				A 51-0 0			<u></u>
23 City or State	e e	28				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Cou	intry		This corporation has liability for it			
24	25	29	30	,		· •		1 No	a. 189,VUE,
	9. Name and Address of C		1771			10. Name and Address of New Re		gent	
THA	ALER, MANLEY H			81	Name				
	N. OLIVE AVENUE			82	Ctroot Add	rece (P.O. Boy Number is Not Assental	dol		· · · · · · · · · · · · · · · · · · ·
W. PALM BEACH FL 33401				62	Street Addi	Address (P.O. Box Number is Not Acceptable)			
,				83					
				84	City		·····	85 Zip	Code
				Ш	L	poration submits this statement for the p	<u>FL</u>	<u> </u>	,
agent I a	am familiar with, and accept the	obligations of, Section 607.0505,	Florida Sta	lutes	S. 	tion's board of directors. I hereby acceptions to the second acception and the second acception is a second acception and the second acception acceptance acception acceptance acception acceptance acception acceptance acception acceptance accepta	DATE		
12.	OFFICER	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
THTLE	D	DELETE	1.1 (TLE				Change	Addition
NAME	THALER, MANLEY H		12 N	AME					
STREET ADDRESS	700 N. OLIVE AVENUE		135	FAEET	ADDRESS			'	
CITY-ST-ZIP	W. PALM BEACH FL 334	01	1.40	ITY-S	T-ZIP				
TITLE		DELETE	2.1 T	TLE				Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS			2.3 S	TREET	ADDRESS				
CITY-ST-ZIP			2.40	HTY - S	ST-ZIP				
TITLE		DELETE	3.1 Ti	TLE				Change	Addition
NAME *			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-SY-ZIP			3.4 (ITY-S	ST-ZIP				
TITLE		DELETE	4.1 T	TLE				☐ Change	Addition
NAME			4.21	IAME					
STREET ADDRESS			4.3 \$	TREET	ADDRESS				
CITY - ST - ZIP			4.4 C	ITY - S	ST-2IP		·····		
TITLE		☐ DELETE	5 1 T	TLE			-	Change	Addition
NAME			52 N	AME	1				
STREET ADDRESS			535	TREET	ADDRESS				
CITY-ST-ZIP			540	ITY-S	ST-ZIP				
TITLE		☐ DELETE	6.1 T	TLE				Change	Addition
NAME			6.2 N	3MA					
STREET ADDRESS]		6.3 S	TREET	ADDRESS				
CITY-ST-ZIP			6.4 0	<u> </u>	ST-ZIP				
14 I do boro	he portile that the information of	unalized with this filing door ant au				d in Section 119 07/3Vi) Florida Statute	o I further	continue the	at the

If on perecy certify that the information supplies with this tiling does not quality for the exemption stated in Section 119.07(3)(), 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 intractment with an address.

SIGNATURE:

HAMME AND TYPED OR SHANE OF SIGNING OFFICER OR DIRECTOR

1/15/97565-6591183