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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P96000046035 (7)

MANTE INC.

Principal Place of Business Mailin		Mailing Address			Sid attit Adide tillet Still iEbt
949 E. CYPRESS CREEK ROAD FT. LAUDERDALE FL 33334		949 E. CYPRESS CREEK ROAD			
FI. LAUDERD	PALE PL 33334	FT. LAUDERDALE FL 33	3334	DO NOT WRITE IN THIS	SSPACE
				3. Date Incorporated or Qualified	
				05/23/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	# alo	26 Costs Apl # ata		65-0667882	Not Applicable
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	d Agent
	LUCA, ANASTASIA A		81 Name		
949 E. CYPRESS CREEK ROAD			82 Street Add	lress (P.O. Box Number is Not Acceptable)	
F1.	. LAUDERDALE FL 33334		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida State	utes, the above-named con	poration 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. I am familiar with accept the obligations of, Section 607.0505, Florida Statutes.					
]		2 Dinero	1780	oxors 4X20/9	da
SIGNATURE	Signature in perfort protest name of regressed a re-	nt multiple of approvable (NC	The Hagistered Agent signature requi	ired when reinstating) GATE	<del>~</del>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PS AND AND TACK	☐ DELETE	1.1 TITLE		Change Addition
NAME	DELUCA, ANASTASIA A 949 E. CYPRESS CREEK ROA	ND.	1.2 NAME		
STREET ADORESS	FT. LAUDERDALE FL 33334	Ψ.	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	T CAUDENDALE PE 33334	DELETE	1.4 CHY-ST-ZIP 21 TITLE		Change Addition
NAME	SANDOLO, ADA	<b>A</b>	2.2 NAME		ET outside ET Manual
STREET ADDRESS	3351 N.W. 85TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CITY - ST - ZIP	•	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		İ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		·	3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Portexe	4.4 CITY - ST - ZIP		Chance Class
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME OTREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		End becall	6.2 NAME		C oversão C Votaçou
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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 or an attachment with an address