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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051675

. Corporation Name

Principal Place of Business

MANUS DISTRIBUTION, INC.

LILLD
Feb 06, 1999 8:00am
Secretary of State

02-06-1999 90014 018 ***150.00

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SEMINOLE FL 33772 US US US				3. Date Incorporated or Qualifed 06/17/1996				
					4. FEI Number	App	lied For	
2. Principal Plac	ce of Business	2a. Mailing Address			59-3404924		Applicable	
21		26			39 3404924	\$8.75 A		
Suite, Apt. #; etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Rec		
22		27				_ 		
City & State City & State					6. Election Campaign Financing	\$5.00 to Added to	, ,	
23 28 28					Trust Fund Contribution		rees	
Zip	Zip	Country		8. This corporation owes the current year Intangible				
24 25		29 30			Personal Property Tax. Yes No			
·*[9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent		
				81 Name				
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11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the ab	ove-named co	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	ment as reg	istered	
office or rec	gistered agent, or both, in the State o familiar with, and accept the obligati	t Florida. Such change was at one of Section 607 0505. Flor	ida Statu	tes.	autoria boura or airostoro. The early asseptiment		•	
						٠.		
SIGNATURE	Ignature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signature req	uired when reinstating)		<u> </u>	
	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
12.	P :	☐ DELETE	1,1 111	E	机子等级铁矿分布	Change	Addition	
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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 group emental 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 of 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 attack ment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727399-0655

CR2E034-(11/98)