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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077338 (7)

FILED Apr 03 1998 8:00am Secretary of State

1. Corporation Name MANATEE CRETETATIONS & MORE, INC. Principal Place of Business 3570 TURTLE MOUND RD MELBOURNE FL 32934 US MAIling Address ** EDWARD M. LIVINGSTON. E P.O. BOX 1599 WINTER PARK FL 32790							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
2 Principal F	Place of Busines	<u> </u>	26	. Mailing Address			09/17/1996 4. FEI Number			oplied For
21				1360						ot Applicable
Suite, Apt.	#, etc.			Suite, Apt. H. etc.			\$8.75 Addition			
City & Star	le .		27	27 / Are Washington 3			6. Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution Added to Fees			
Zip		Country		Zip	Countr	WSH	8. This corporation owes or has	paid the cu		
24	25		29	32735	30		Personal Property Tax due Ju			No
	NGSTON, ED	d Address of Cu	rent Hegi	stered Agent	81	Name 4	10. Name and Address of New	ohns		
WII	B ELLEN DRIVI NTER PARK F	L 32790	0502 and (607.1508. Fiorida Sta	82 83 84 tutes, the above		P.O. Box Number is Not Accept the Community of the Commun	ham FL	20,5	2940 Is registered
agent. I a	ww	Man G printed name of registered	Lagent and M	v⊣tappicable (N			red when reinstating)		197	registered
12.	000	OFFICERS	AND DIRE	CTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP	DP BAKER, SU 2006 GRAM MELBOURN	IADA BAY DRIV	E 357	o Turtlemount	1.1 TIPLE 1.2 NAME 1.3 STREET	ADDRESS			Change	Addition
TITLE	V			DELETE	2.1 TITLE				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	BAKER, DO 2000 GRAN MELBOURN	iada day dr 3	570 lu	atternound Roa	2.2 NAME 2.3 STREE 2.4 City-	1				
TITLE	ST			DELETE	31 THLE				Change	Addition
NAME	BAKER, DO			_	3.2 NAME					
STREET ADDRESS	MELBOURN	TLE MOUND RE	1-4576	9		ADDRESS				
CITY - ST - ZIP	MELDOUR	NE FL		DELETE	3.4. CITY-	S1-ZIP			Change	Addition
TITLE NAME				Dutie	4.1 TITLE 4. 2 NAME	ļ			L. J Griangs	
STREET ADDRESS					•	ADDRESS				
CITY-ST-ZIP					4.4 CITY-1					
TITLE				☐ DELETE	5.1 TITLE			· • · · · · ·	Change	Addition
NAME	1				5.2 NAME	}			-	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	_				5.4 CITY-5					
TITLE				DELETE	6.1 TITLE				Change	Addition
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREE	ADDRESS				į
CITY - ST - ZIP	ļ				6.4 CITY - 5	31-ZIP				

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 chapted, or on an attachment with an address.

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2/2/06

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