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 # 1. Corporation Name P96000102591 (0)

MANATEE MOLDING, INC.

,,,,					
Principal Plac	e of Business	Mailing Address			
1241 TALLEY	AST ROAD	1241 TALLEVAST ROAD			
SARASOTA F		SARASOTA FL 34243			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					01/01/1997
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number Applied For
21		26			65 071 9590 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
Zip Country		Zip Country		lrv	Trust Fund Contribution Added to Fees
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
-	9. Name and Address of Curre		130		10. Name and Address of New Registered Agent
AM	ERILAWYER CHARTERED		1	1 Name	;
040 4145014 4354110				Address (P.O. Box Number is Not Acceptable)	
	RAL GABLES FL 33134	Joseph Au		311001	Address (r.o. box latitiber is raot Accoptable)
			[6	3	
			3	4 City	85 Zip Code
				'	FL
11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Florida Statutes, the above-named corporation 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 fagiliar with and accept the obligations of, Section 607,0505, Florida Statutes.					
agent. I am familiar with, and account the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registore of	∠ /Dale R	Aver	у	05-08-98 re required when reinstaine) DATE
12.		OP DIRECTORS (NOT	13.	ligent signatu	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITL		V.P. Production/Director Change Addition
NAME	AVERY, DALE R		1.2 NAM	ξ	Avery, Dale R.
STREET ADDRESS	1241 TALLEVAST ROAD		1.3 STR	ET ADDRESS	1 454. 5 - 1
CITY-ST-ZIP	SARASOTA FL 34243		1.4 C(T)	-ST-ZIP	Sarasota, FL 34243
TITLE	VSD	X) DELETE	2.1 TITE		Chairman of Board/Cirector □ Change K Addition
NAME	KELLY, GEORGE H		2.2 NAN	E	Magers, Paul E.
STREET ADDRESS	1241 TALLEVAST ROAD			ET ADDRESS	1241 Tallevast Road
CITY-ST-ZIP	SARASOTA FL 34243	DELETE		- ST- ZIP	Sarasota, FL 34243
TITLE NAME		C DECEIE	3.1 T(TL 3.2 NAM		President/Director Change Addition
STREET ADDRESS			1	et address	Magers, Brent E.
CITY-ST-ZIP				.c.	1241 Tallevast Road Sarasota, FL 34243
TITLE		DELETE	4.1 T(T)		Secretary/Treasurer/Director Change Addition
NAME			4. 2 NA	ME.	Magers, Loleta M.
STREET ADDRESS			4.3 STR	ET ADDRESS	A = A = A = A = A = A = A = A = A = A
CITY-SI-ZIP			4.4 City	-ST-2 P	Sarasota, FL 34243
TITLE		☐ DELETE	51 TITL		Change Addition
NAME			5.2 NAM		}
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		DELETE		-ST-ZIP	Donate District
TITLE		ר"ו אנוננונ	6.1 TITL		☐ Change ☐ Addition
NAME CTREET ADDRESS			6.2 NAM		
STREET ADDRESS				ET ADDRESS - St - ZIP	
CITY-\$1-ZIP 14, I hereby o	certify that the information supplied v	vith this filing does not qualify f	or the exen	ption stat	led 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 charged, or on an attachment with an address.					
	121 . ()	~ .)			

/Brent E. Magers

05-08-98

(813) 443-2673

FILED

May 20 1998 8:00am

Secretary of State