

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90035 039 ***150.00

DOCUMENT # P97000005163

1. Corporation Name
MANCUNIA, INC.

Principal Place of Business
4360 NORTHLAKE BLVD. STE 205
PALM BEACH GARDENS FL 33410

Mailing Address
4360 NORTHLAKE BLVD. STE 205
PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1997

2. Principal Place of Business

21 9070 Kimberly Blvd

Suite, Apt. #, etc.

22 Suite 24

City & State

23 Boca Raton

24 33434

Country

25

2a. Mailing Address

26 9070 Kimberly Blvd

Suite, Apt. #, etc.

27 Suite 24

City & State

28 Boca Raton

Zip

29 33434

Country

30

4. FEI Number

APPLIED FOR 65-0765503

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

WASHOFKY, MARTIN E EA
4360 NORTHLAKE BLVD. STE 205
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

Nigel A. Ramsay

82 Street Address (P.O. Box Number is Not Acceptable)

9070 Kimberly Blvd

83

Suite 24

84 City

Boca Raton

FL

85 Zip Code

33434

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Nigel A. Ramsay
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RAMSAY, NIGEL
STREET ADDRESS 4360 NORTHLAKE BLVD. STE 205
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Ramsay, Nigel
1.3 STREET ADDRESS 9070 Kimberly Blvd #24
1.4 CITY-ST-ZIP Boca Raton, FL 33434

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nigel A. Ramsay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 561 479 2333

CR2E034 (11/98)

0329235