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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000063603**1. Corporation Name

KENNETH I. MANN. P.A.

Principal Place of Business	Mailing Address
105 E. ROBINSON ST., STE, 540 ORLANDO FL 32801	P.O. BOX 551 ORLANDO FL 32802-0551

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90024 027 ***150.00

Principal Plac	ce of Business	Mailing	Address				1 +==(:== (10 =) (05) 50 50 05 05	B 21120 (+110 D)	()(46)(8 ()((1 36)
105 E. ROBINSON ST., STE, 540 P.O. BOX 551 ORLANDO FL 32801 ORLANDO FL 32802-0551									
	•						DO NOT WRITE IN TH	S SPACE	
							3. Date Incorporated or Qualifed 07/22/1997		
2. Principal P	Place of Business	2a. Mai	ling Address				4. FEI Number		Applied For
21		26					59-3464970		Not Applicable
Suite, Apt.	. #, etc.	Suit	ie, Apt. #, etc.				5. Certificate of Status Desired	•	Additional Required
City & Stat	te	City	& State				6. Election Campaign Financing	\$5.0	0 May Be
23		28					Trust Fund Contribution		d to Fees
Zip	Country Zip			Country			8. This corporation owes the current year I	ntangible	
24	25	29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered	Agent				10. Name and Address of New Registere	l Ágent	
****	10 A 10 CO 1		; ,	8	n N	ame			
	in, Kenneth L E. Robinson St., Ste. 540			8	12 S	treet Addr	ress (P.O. Box Number is Not Acceptable)	1.11	
ORL	ANDO FL 32801			8	3 -	-		. (344E
				8	4 C	ity		85 Zij	p Code
.							F	<u> </u>	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida, St	uch change was a	uthorized b	y the	med corp corporation	poration submits this statement for the purpose of ones board of directors. I hereby accept the app	of changing of changes	its registered registered
SIGNATURE	•	•							1
OIOIII II OIIL	Signature, typed or printed name of registered a	gent and title if applic	able. (NOTE:	Registered Ac	ent sign	nature require	d when reinstating) DATE		
12.	Signature, typed or printed name of registered a	gent and title if applic		Registered Ag	jent sigr	nature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12
	Signature, typed or printed name of registered a					nature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	
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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 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed supplement with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)