

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  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90008 033 \*\*\*150.00

DOCUMENT # P97000065552

1. Corporation Name  
MANCOP, INC

Principal Place of Business  
3025 GOLFVIEW DR  
VERO BEACH FL 32960

Mailing Address  
3025 GOLFVIEW DR  
VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number  
65-0775081

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 755 10th COURT

2a. Mailing Address  
26 755 10th COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Vero Beach, FL

27 City & State  
28 Vero Beach, FL

24 Zip 32962 25 Country IR

29 Zip 32962 30 Country IR

9. Name and Address of Current Registered Agent

MANN, ROBERT  
3025 GOLFVIEW DR  
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)  
83 755 10th COURT

84 City Vero Beach FL 85 Zip Code 32962

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MANN, ROBERT  
STREET ADDRESS 3025 GOLFVIEW DRIVE  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE S  
NAME MANN, VIRGINIA H  
STREET ADDRESS 3025 GOLFVIEW DRIVE  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MANN, ROBERT  
1.2 NAME  
1.3 STREET ADDRESS 755 10th COURT  
1.4 CITY-ST-ZIP VERO BEACH, FL 32962

2.1 TITLE MANN, VIRGINIA H  
2.2 NAME  
2.3 STREET ADDRESS 755 10th COURT  
2.4 CITY-ST-ZIP VERO BEACH, FL 32962

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99 561-778-8800

Date

Daytime Phone #

0117480

CR2E034 (11/98)