

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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90037 027 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000066675**

1. Corporation Name  
**MANCHESTER ENTERPRISES, INC.**

Principal Place of Business <b>6015 RED ROAD SUITE 222 CORAL GABLES, FL 33143</b>	Mailing Address <b>6015 RED ROAD SUITE 222 CORAL GABLES, FL 33143</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7901 LUDLAM ROAD</b> Suite, Apt. #, etc. 22 <b>204</b> City & State 23 <b>MIAMI, FLORIDA</b> Zip 24 <b>33143</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>7901 LUDLAM ROAD</b> Suite, Apt. #, etc. 27 <b>204</b> City & State 28 <b>MIAMI, FLORIDA</b> Zip 29 <b>33143</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>08/01/1997</b>	4. FEI Number <b>65-0772564</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent <b>MANCHESTER, JEFFREY C 13120 SW 70 AVE MIAMI, FL 33156</b>		81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 State <b>FL</b>	85 Zip Code
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I, the undersigned, being a resident qualified person, do hereby certify that I am a resident of Florida; that I am familiar with the provisions of Sections 607.0502 and 607.1508, Florida Statutes, and 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>MANCHESTER, JEFFREY C</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MANCHESTER, JEFFREY C</b>		1.2 NAME	
STREET ADDRESS <b>13120 SW 70 AVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33156</b>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ 2/8/99 (305) 668-0029  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #