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

Corporation	MENT # P97000 MAN & COMPANY, INC.	0068169					
Principal Place	of Business	Mailing Address				•	
2318 CANAL DRIVE 2318 CANAL DRIVE					•		
NICEVILLE FL 32578 NICEVILLE FL 32578					DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed		
					08/06/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21		26			59-3461473		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A Fee Red	
22		27					<u> </u>
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	•
23 Zin	Country	Zip	Country	-	This corporation owes the current year Intal		71 003
Zip	25 25	29 30	¬ ´		·		□No
24	9. Name and Address of Curre		,		10. Name and Address of New Registered A	gent	
			81	Name			
	MAN, JAMES M		82	Street	Address (P.O. Box Number is Not Acceptable)	_	
2318 CANAL DRIVE			62	Sueer	Address (F.O. Box Halliber to Not Note by		
NICEVILLE FL 32578			83				_[
			84	City		85 Zip C	ode
				'	<u> </u>	'	
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 reg 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE							pistered
	Signature, typed or printed name of registered ag			nt signature r	required when reinstating) DATE	DIRECTO	DC IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE			1.1 TITLE				
NAME	DALLINA, GALLES IN		1.2 NAME				ĺ
STREET ADDRESS	2010 01411 = 21111 =		13 STREET				
CITY-ST-ZIP			1.4 CITY-5° 2.1 TITLE	1-ZIP		Change	Addition
TITLE	'		2.1 MILE			_ ,	_
NAME	COLO CALLAL EDINE			ADORESS	,		Į
STREET ADDRESS	l <u></u> 1		2.4 CITY-5			_	ĺ
CITY-ST-ZIP TITLE			3.1 TITLE	, <u>L</u>		Change	Addition
NAME	32N		3.2 NAME				
STREET ADDRESS			3.3 STREET	TADDRESS			
CITY-ST-ZIP	3		3.4. CITY-S	ST-ZIP			
TITLE	☐ DELETE 4.1 T		4.1 TITLE			☐ Change	☐ Addition
NAME	4.21		4.2 NAME				
STREET ADDRESS	4.3 \$		4.3 STREET	TADDRESS			
CITY-ST-ZIP			4.4 CITY - 5	T-ZIP			
TITLE	1		5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				Ì
STREET ADDRESS			1	TADORESS			
CITY-ST-ZIP	1-31-ZIP			T-ZIP		[] Charac	□ Additio-
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition I
NAME			6.2 NAME				
STREET ADDRESS)		6.3 STREE	TADORESS			ľ

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:

850 678-1502