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**

DOCUMENT # P97000068445 1. Corporation Name

FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90047 024 *** 150.00

ROBERT MANN ENTERPRISES, INC. Principal Place of Business Mailing Address 18329 US HWY 19 13406 CATTAIL CT HUDSON FL 34667 HUDSON FL 34667 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualifed 08/07/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3476942 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Žip Zip Country Country 8. This corporation owes the current year Intangible Ąw∘ 24 25 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MANSUR, JOSEPHINE P. 13406 CATTAIL CT 82 Street Address (P.O. Box Number is Not Acceptable) HUDSON FL 34667 83 City Zip Code 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 of flice 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE MANSUR, ROBERT L NAME 12 NAME 13406 CATTAIL CT STREET ADDRESS 1.3 STREET ADDRESS **HUDSON FL 34667** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE PERSICHILLI-MANSUR, JOSEPHINE 2.2 NAME NAME 13406 CATTAIL CT STREET ADDRESS 2.3 STREET ADDRESS **HUDSON FL 34667** CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change DELETE 3.1 TITLE ☐ Addition NAME (3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE NAME 4.2 NAME 6 m. 3m STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DFLETE 6.1 TITLE ☐ Change TITLE ☐ Addition 学教園のはまり 6.2 NAME The Ingent of STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14.55 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:

727-376-0030×1366

CR2E034 (11/98)