

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State Katherine Harris 03-22-1999 90046 017 ***150.00

1999 DOCUMENT # P98000000298

MNH MANAGMENT, INC.						
Principal Place of Business	Mailing Address			I 1991/38t tib seien takk aust anter anter an	is Maint manum istick	IMIMI IMIE IMMI
1101 N MAITLAND AVE 1101 N MAITLAND AVE MAITLAND FL 32751 MAITLAND FL 32751				DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualified 01/02/1998		
2. Principal Place of Business	2a, Mailing Address			4. FEI Number	Api	plied For
21 26				59-350 3837		Applicable
21 28 Suite, Apt. #, etc. Suite, Apt. #, etc.				S S St t (Service Bestingt	\$8.75 A	dditional
22	27			5. Certifcate of Status Desired	Fee Re	quired
City & State	City & State	د هستسر ۳ د ۲ د	سمعور هجو تستت	6. Election Campaign Financing	\$5.00	May Be
23	28		i.	Trust Fund Contribution	Added to	Fees
Zip Country	Zip	Coun	itry	8. This corporation owes the current year !		_ !
24 25		30		Personal Property Tax.		□No
9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registere	a Agent	———
HILAL TALAL E		- [81 Name			
1101 N MAITLAND AVE		Ī	82 Street Ad	idress (P.O. Box Number is Not Acceptable)		` '
MAITLAND FL 32751		Į.	83			
		- 1	93			!
		1	84 City	F	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.05	20 LOST 4500 Florido Frances	45 - 25		_		registered
)2 and 607.1508, Florida Statutes	s, the abi	ove-named co	uboustion aribunts this statement for the horbose.	ointment se rec	egistered '
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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 arn 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR