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 # P98000073853 1. Corpora ion Name

MANATIKI, INC.

Principal Place of Business

Mailing Address

200 NORTH INDIAN RIVER DRIVE FT. PIERCE FL 34950

200 NORTH INDIAN RIVER: DRIVE

FT. PIERCE FL 34950

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90116 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Ir corporated or Qualifed

08/24/1998

2. Principa P	lace of Business		2a. Mailing	Address		_		4. FEI Number	عادات	Ap	plied For
21			26					65-0860	440	No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status D	esired	\$8.75 A Fee Re	I
City & S at	e	City & State					Electio 1 Campaign F Trust Fund Contributi	-	\$5.00 Added to		
Zip	Cour	itry	Zip		Count	ry		8. This corporation owe		Intangible	
24	25		29		30	30		Personal Property Ta	•	Ŭ Yes	I No
	9. Name and Add	ess of Current	1	gent	100			10. Name and Address	of New Registere	ed Agent	
HOUCK, R E 2982 AVIATION WAY						1 Name 2 Street		ss (P.O. Box Number is No	t Acceptable)		
FORT PIERCE FL 34946					8	3					
				÷						· ···· - I - · · · ·	
						4 City			F		
office or r agent. a	to the provisions of S registered agent, or bo im familiar with, and a	oth in the State of	Florida Such	t change was a	iuthorized t	y the corp	d corpor oorstion	ation submits this stateme 's board of cirectors. I her	nt for the purpose aby accept the app	of changing its cointment as req	registered g stered
SIGNATURE	Signature, typed or printed na	arne of registered agent	and title if applicable	e. (NOT	E. Registered A	gent signalure	required v	when reinstating)	DATE		
12.		OFFICERS AND	DIRECTORS	3	13.			ADDITIONS/CHANGE	S TO OFFICERS		
TITLE				□ DELETE	1.1 TITLE			P		Change	Addition
NAME					1.2 NAM	E		even L. Horn			1
STREET ADDRE 3S					1.3 STRE	ET ADDRESS	101	7 S. &M ST			
CITY-ST-ZIP					1.4 CITY	ST-ZIP	17.	PIERCE, FL 3	4950		İ
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NAME					2.2 NAM	E	115	A M. Horn			
STREET ADDRESS	i				2.3 STRE	ET ADDRESS		17 S. 3344 ST			
CITY-ST-ZIP					2.4 CITY			. PIERCE, FL 3	4950		
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NAME					3.2 NAM	E	FSA	RBARA HOUCK			
STREET ADDRESS					3.3.STR	ET ADDRESS	4	OD WEADOWWOOD TO	DR		
						-ST-ZIP	F~	PIERCE FL	34951		
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NAME					i i	ET ADDRESS	3				1
STREET ADDRESS					5.4 CITY						
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					6.2 NAM					_ "	_
NAME						ET ADDRESS					
STREET ADDRESS	,				6.4 CITY						
CITY-ST-ZIP	L.,	1 1 1 1 1 1 1	that of the state of	a mat avalifi fe			J	etion 110 07/3/(i) Florida	Statutas Lituribar	cartify that the in	

I hereby certify that the information sup-indicated on this annual report or supp mental from all ming soos not quality act the exemption stated it section 179.01 (2011). Turing statutes, that lead that my signature shall have the same legal effect as if made under oath; that I am an perioditive or trustee empowered to ascure this report as recuired by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. officer or director of the corpor Block 12 or Block 13 if change

SIGNATURE: