

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S40919 (0)

1. Corporation Name

THE MANN GROUP, INC.



Principal Place of Business

Mailing Address

3900 GALT OCEAN DRIVE
SUITE 205
FT. LAUDERDALE FL 33308
US

3900 GALT OCEAN DRIVE
SUITE 205
FT. LAUDERDALE FL 33308
US

3. Date Incorporated or Qualified
03/25/1991

3a. Date of Last Report
08/16/1995

4. FEI Number

65-0252498

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21. 3706 N. Ocean Blvd

26. 3706 N. Ocean Blvd

Suite, Apt. #, etc

Suite, Apt. #, etc

22. #420

27. #420

City & State

City & State

23. Ft. Lauderdale FL

28. Ft. Lauderdale FL

Zip

Zip

24. 33308

Country

29. 33308

Country

30. Broward

9. Name and Address of Current Registered Agent

INTERNATIONAL EXECUTIVE CONSULTANTS INC
3900 GALT OCEAN DR
STE 205
FT LAUDERDALE FL 33308

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

3706 N. Ocean Blvd

83. #420

84. City

Ft. Lauderdale

FL

85. Zip Code

33308

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 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

Signature type: (Type name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS GRANDSTAFF, MICHELLE
CITY-ST-ZIP 3900 GALT OCEAN DRIVE, SUITE 205
FT. LAUDERDALE FL

TITLE ☐ DELETE
NAME PD
STREET ADDRESS MANN, JOHN
CITY-ST-ZIP 3900 GALT OCEAN DR
FT LAUDERDALE FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS MANN, SUNDAY
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 3706 N. Ocean Blvd #420
14 CITY-ST-ZIP Ft. Lauderdale FL 33308

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 3706 N. Ocean Blvd #420
24 CITY-ST-ZIP Ft. Lauderdale FL 33308

31 TITLE ☐ Change ☒ Addition
32 NAME D
33 STREET ADDRESS MANN, SUNDAY
34 CITY-ST-ZIP 3706 N. Ocean Blvd #420
Ft. Lauderdale FL 33308

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOHN MANN John Mann
President

6/6/96

954

561-3395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR