FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUA	JAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS				
DOCUM 1. Corporation N	ENT # S7736	3 (7)			
GERALDI	INE MANNING, D.D.S., F	P.A.			
Principal Place of	Business	Mailing Address		- I Mailleid ilt ikelit Maad titte aisaa	till fibit finit sign sign sign dien sign sign
2633 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308		2633 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308		3. Date Incorporated or Qualified 3a. Date of Last Report 09/03/1991 03/03/1995	
2. Principal Place of Business		2a. Mailing Address		4. FET Number 65-0288833	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
Suite, Apr. #,	etc.	27]			ree Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip ·	Country	28 Zip 29	Country 30	8. This corporation has liability for Florida Statutes KYes	□No
24	9. Name and Address of Curr			10. Name and Address of New F	tegistered Agent
MANNING, GERALDINE 2633 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308			81 Name82 Street Add83	ress (P.Ö. Box Number is Not Acceptat	ole)
			84 City		FI 85 Zip Code
SIGNATURES	lignature, typed or princed name of registered a		TE Regioned Agent Symbol mann	ration submits this statement for the pure of directors. Thereby accept the approximate restains: ADDITIONS/CHANGES TO OF I	DATE FICERS AND DIRECTORS IN 12
12. TITLE	DP OFFICERS?	DELETE	1 1 TOTLE		Change Addition
NAME STREET ADDRESS	MANNING, GERALDINE 2633 E. COMMERCIAL BL	/ D.	1.2 NAME 1.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL	↑ DELETE	14 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			2 4 CITY-SF ZIP		Change Addition
THILE		DEFERE	3 1 THE		
NAME			3.2 NAME 3.3 SUBJET ADDRESS		
STREE! ADDRESS	i.		3 4 CITY - SI - ZIF		
CITY - ST - ZIP		☐ DELETE	4. 1 TITLE		Change Addition
NAMÉ			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CHY+ST-ZIF		
CITY - \$1 - ZIP		☐ DELETE	5 1 THE		Change Addition
TITLE NAME		—	5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY S1-7IP		F 3 CT CT	5 4 CITY - ST - 7IF		Change Addition
TITLE		DELETE	6 1 TITLE 62 NAME		
NAME			6.3 STREET ADDRESS		

CR2E034 (12/95)

6.4 CITY-S1-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). Fiorida 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 certify that I am an officer or director of the corporation or the receiver or trusted 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 allachment with an address.