**FILED** 

Apr 29, 1999 8:00 am Secretary of State

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## 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 # V00773

1. Corporation Name

MANUEL'S DELI & FINE WINES, INC.

Principal Place of Business  880 STATE ROAD A1A PONTE VEDRA BEACH FL 32082  Mailing Address  880 STATE ROAD A1A PONTE VEDRA BEACH FL 32082  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE	
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE	
	OF.
3. Date incorporated or Qualified	
12/16/1991	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
26 59-3099206	Not Applicable
E Contiforto of Status Decired	B.75 Additional
22	Fee Required
	55.00 May Be
23 Trust Fund Contribution A	Added to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	
24 25 29 30 Personal Property Tax.	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	<u>1</u>
81 Name	
BARON L. BARTLETT P.A.  82 Street Address (P.O. Box Number is Not Acceptable)	
615 RIGHWAY ATA	
SUITE 101	`
PONTE VEDRA BEACH FL 32082	Zip Code
<b>84</b> City <b>FL</b>  85	210 0000
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 change of change was authorized by the corporation's board of directors. I hereby accept the appointment	ging its registered int as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP