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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name V21378

(7)

**FILED** Mar 07 1996 8:00 am Secretary of State

3/2/96 407-692-4525

CR2E034 (12/95)

MANA	ATEE FLOORS, INC.							
Principal Place of Business Mailing Ad					- I INDEL BIENE FIRM TITALE FILLT HA	101 ION O101	OHOLI EKRIL DIE	il aleki bibik ieri
3233 N.W. FEDERAL HWY. JENSEN BEACH FL 34957-4451		3233 N.W. FEDERAL HWY. JENSEN BEACH FL 34957-4451						
					3. Date Incorporated or Qualified 03/13/1992	)	ate of Last I	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	05/11/1995			
21		26		65-03 18698	Applied For Not Applicable			
Suite, Apt	. #, etc.	Saite, Apt. #, etc.					\$8.7	5 Additional
22		27			5. Certificate of Status Desired			Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Ζιρ <b>24</b>	Country	- Ζφ - : τ	Countr	У	8. This corporation has liability for	rintangible	tax under s	s 199.032,
24	9. Name and Address of Curr	29	30		Florida Statutes X Ye	s □No		
	s. Hame and Address of Car	ent negistered Agent	81	T Noor	10. Name and Address of New	Registere	d Agent	
MONK	LAYNE		6	Name				
	I.W. FEDERAL HWY.		82	Street Add	dress (P.O. Box Number is Not Accepta	Die)		
	N BEACH FL 34957-4451		83	<u> </u>				
V2.102	DETOTT E 04337-4437		0.					
			84	City		·	<b>85</b> Z	ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607, 1508. Flooda Stat	utes the above	namuel naros	pration submits this statement for the pured of direction.	FI		
or registe familiar w	ered agent, or both, in the State of Flo with, and accept the obligations of, Sc	rida. Such change was autho	rized by the con	oration's boa	pration submits this statement for the pu and of directors. Thereby accept the app	rpose of d contraent a	nanging its as registered	registered office d agent. I am
SIGNATURE	, a supply the designations of , e.e.	saori cor socio, no da atau.	es.				_	-
OIGNATORE	Styriature, typed or printed name of registers along	Standificata: costs.	NOTE Bugsteron Aje	Of September region	en ween e Africa	. DATÉ		
12.		OFFICERS AND DIRECTORS 1			ADDITIONS/CHANGES TO OF		ID DIRECTO	DBS IN 12
TTLF	P	DELETE	1 1 TATLE				Change	Addition
MONK, LAYNE			1.2 NAME					
STREET ADDRESS 3233 NW FEDERAL HWY.			1.3.5.(BEE	ADDRESS				
CITY - ST - ZIP	JENSEN BEACH FL 34957-		1.4 CrTY - :	ST - Z(P				
Tille		DELETE	2.1 Till f	İ			☐ Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	ADDRESS				
CHY-ST-ZIF TITLE			2.4 CITY - 5	ST ZIP				
NAME		☐ DELETE	3 1 HHLF				☐ Change	Addition
			3.2 NAME					
STREET ADDRESS			33 STREE	LADGRESS				
TIFLE		Fig. cc. clr	3 4 CHY 5	1.76	·			
NAME		DELETE	4 1 7411.6				Change	Addition
			4.2 NAME					
STREET ADORESS CHY+ST-ZIP			4.3 STHEET					
TIFEF	<del></del>		4 4 C-1Y - S	T-7IP				
NAME		DELETE	5 1 T:TLF				Change	☐ Addition
STREET ADDRESS			5.2 NAME					
CITY - S1 - ZIP			5.3 \$*RE£1					
TIFLE		DELFTE	5.4 CHY - S	I - ZIP				
NAME			6 1 IITLE			١	Change	☐ Addition
STREET ACORESS			6.2 NAME					
CITY - S1 - ZIP			£ 3 STREE1					
- 1 G EII	L		6 4 City - S	I - ZIF				

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 logal effect as if made under appears in Block 12 or Block 13 if changed, or on an integration with an address.

lon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: