Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90121 010 ***150.00

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 # J72168

NAME

STREET ADDRESS

MANTRA REALTY CORP.					1 1281179 BIH 12810 17201 HOID BUID 1811 BUI	AL ALAN ALAN ALAN G	1011 01011 1 111 1
Principal Place	of Business	Mailing Address				AL BIBIL BEBIT BIBIL B	FELL MIRELL FREIL
% FRED SCHWARTZ 2715 SPANISH RIVER ROAD 2715 SPANISH RIVER ROAD							
BOCA RATON FL 33432 BOCA RATON FL 33432					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 05/11/1987		,
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apı	plied For
21	26				59-2819687	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				-	5. Certificate of Status Desired	- \$8.75 A	
27					5. Certificate of Status Desired	Fee Re	quired
City & State	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country		Country		8. This corporation owes the current year	Intangible	
24	25	29 30			Personal Property Tax.		□No
	9. Name and Address of Curren				10. Name and Address of New Register	ed Agent	
			81	Name		•	
SCHWARTZ, ZELMA 2715 SPANISH RIVER ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
			83				
			84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab					F		
office or re agent. I as	egistered agent, or both, in the State on the miliar with, and accept the obligation	of Florida. Such change was author tions of, Section 607.0505, Florida :	Statutes	the corporati	on's board of directors. I hereby accept the ap	politiment as ros	gistered
	Signature, typed or printed name of registered agen			n signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PD OFFICERS AIN		13. 1.1 TITLE		ADDITIONO/OTANGEO TO OTT ISENO	☐ Change	Addition
NAME	-		1.2 NAME		•		}
STREET ADDRESS	ATT ORANIOLI DIUTO DOAD			T ADDRESS		•	
	DOCA DATON EL		1.4 CITY-S		•		
CITY-ST-ZIP TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME). 		}
STREET ADDRESS	0440 1141 74 00 000 75		2.3 STREET	T ADDRESS	1		ĺ
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP	The state of the s	·•	
TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME	SCHWARTZ, SUSAN 32N		3.2 NAME				
STREET ADDRESS	AT DADED ALCANDE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP			
TITLE	☐ DELETE 4.1 TI		4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				ļ
STREET ADORESS		Ţ	4.3 STREE	TADDRESS	•		ļ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE			5.1 TITLE		•	☐ Change	Addition
NAME			5.2 NAME				.
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	IT-ZIP		☐ Change	Addition
TITLE						□ cuanãa	"" Populou
NAME	†		6.2 NAME	1			I

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 an an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP