

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 720718 (6)

1. Corporation Name  
**MAINLANDS FIVE, INC.**



Principal Place of Business: 4890 N.W. 50TH STREET TAMARAC FL 33319  
Mailing Address: 4890 N.W. 50TH STREET TAMARAC FL 33319

3. Date Incorporated or Qualified: 04/15/1971  
3a. Date of Last Report: 03/13/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2351360	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLAUS, JACK A. PRESID 4716 NW 49TH PLACE MAINLANDS FIVE, INC. TAMARAC FL 33319				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	T
NAME	BEARD, MARGARET	12 NAME	Dees, Charles
STREET ADDRESS	4958 NW 48TH AVE.	13 STREET ADDRESS	4800 N.W. 50 St.
CITY-ST-ZIP	TAMARAC, FL 00000	14 CITY-ST-ZIP	Tamarac, FL 33319
TITLE	S	21 TITLE	
NAME	SPENCER, LUCY	22 NAME	
STREET ADDRESS	4804 NW 49TH PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	
NAME	CLAUS, JACK A.	32 NAME	
STREET ADDRESS	4716 19TH PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	JOHNSON, PHYLLIS	42 NAME	
STREET ADDRESS	4951 NW 48TH WAY	43 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	
NAME	JOHNSON, DORIS	52 NAME	
STREET ADDRESS	4912 NW 48TH AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	
NAME	BARELLA, LIBBY	62 NAME	
STREET ADDRESS	4723 NW 49TH DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	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: Jack A. Claus (JACK A. CLAUS) 1-26-96 954-731-4940  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)