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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33319-3657

3. Date Incorporated or Qualified 04/15/1971
3a. Date of Last Report 02/05/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number 59-2351360
Applied For Not Applicable

22 City & State
27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country
28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAUS, JACK A. ~~PREVIOUS~~
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 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	DEES, CHARLES
STREET ADDRESS	4800 NW 50TH STREET
CITY-ST-ZIP	TAMARAC FL
TITLE	S <input type="checkbox"/> DELETE
NAME	SPENCER, LUCY
STREET ADDRESS	4804 NW 49TH PLACE
CITY-ST-ZIP	TAMARAC FL
TITLE	P <input type="checkbox"/> DELETE
NAME	CLAUS, JACK A.
STREET ADDRESS	4716 19TH PLACE
CITY-ST-ZIP	TAMARAC, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, PHYLLIS
STREET ADDRESS	4951 NW 48TH WAY
CITY-ST-ZIP	TAMARAC FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, DORIS
STREET ADDRESS	4912 NW 48TH AVE.
CITY-ST-ZIP	TAMARAC, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	BARELLA, LIBBY
STREET ADDRESS	4723 NW 49TH DRIVE
CITY-ST-ZIP	TAMARAC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Simon Wilpon, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	4944 NW 49 Ave
1.3 STREET ADDRESS	Tamarac, FL 33319
1.4 CITY-ST-ZIP	
2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Angello Cangelo
2.3 STREET ADDRESS	4951 NW 47 Terr. Tamarac, FL 33319
2.4 CITY-ST-ZIP	
3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Simon Wilpon
DATE: 1-22-97 964 485-102V
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0038060

CR2E037 (9/96)