

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

**FILED**

**Jan 21 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 720718 (6)**  
 1. Corporation Name  
**MAINLANDS FIVE, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>4890 N.W. 50TH STREET<br>TAMARAC FL 33319 | Mailing Address<br>4890 N.W. 50TH STREET<br>TAMARAC FL 33319 |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc. |
| 23<br>City & State  | 27<br>City & State                               |
| 24<br>Zip   | 25<br>Country                                    |
| 29<br>Zip   | 30<br>Country                                    |

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>04/15/1971</b>   |   |   |
| 4. FEI Number<br><b>59-2351360</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>      |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |

**9. Name and Address of Current Registered Agent**

**CLAUS, JACK A. PRESID**  
**4716 NW 49TH PLACE**  
**MAINLANDS FIVE, INC.**  
**TAMARAC FL 33319**

**10. Name and Address of New Registered Agent**

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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 type="checkbox"/> DELETE            |
| NAME           | WILPON, SIMON      |  |
| STREET ADDRESS | 4944 NW 49 AVE     |  |
| 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 checked="" type="checkbox"/> DELETE |
| NAME           | CLAUS, JACK A.     |  |
| STREET ADDRESS | 4716 19TH PLACE    |  |
| CITY-ST-ZIP    | TAMARAC, FL 00000  |  |
| TITLE          | D                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | JOHNSON, PHYLLIS   |  |
| STREET ADDRESS | 4951 NW 48TH WAY   |  |
| CITY-ST-ZIP    | TAMARAC FL         |  |
| TITLE          | D                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | JOHNSON, DORIS     |  |
| STREET ADDRESS | 4912 NW 48TH AVE.  |  |
| CITY-ST-ZIP    | TAMARAC, FL 00000  |  |
| TITLE          | D                  | <input checked="" 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          | P                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Angello Cangelo                    |  |
| 1.3 STREET ADDRESS | 4951 NW 47 Terr                    |  |
| 1.4 CITY-ST-ZIP    |                                    |  |
| 2.1 TITLE          | VP                                 | <input checked="" type="checkbox"/> Addition                                 |
| 2.2 NAME           | Henry Hornberger                   |  |
| 2.3 STREET ADDRESS | 4707 NW 49 PL                      |  |
| 2.4 CITY-ST-ZIP    | Tamarac, FL 33319                  |  |
| 3.1 TITLE          | VP                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Lester Szucs                       |  |
| 3.3 STREET ADDRESS | 4938 NW 47 Terr, Tamarac, FL 33319 |  |
| 3.4 CITY-ST-ZIP    |                                    |  |
| 4.1 TITLE          | D                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Charles Finan                      |  |
| 4.3 STREET ADDRESS | 4920 NW 48 Ave                     |  |
| 4.4 CITY-ST-ZIP    | Tamarac, FL 33319                  |  |
| 5.1 TITLE          | D                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Sally Gross                        |  |
| 5.3 STREET ADDRESS | 4805 NW 49 Ct.                     |  |
| 5.4 CITY-ST-ZIP    | Tamarac, FL 33319                  |  |
| 6.1 TITLE          | D                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | Marilyn Stoops                     |  |
| 6.3 STREET ADDRESS | 4957 NW 47 Terr                    |  |
| 6.4 CITY-ST-ZIP    | Tamarac, FL 33319                  |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:** \_\_\_\_\_ **SIGNATURE REQUIRED** 1-7-98 9544951022

CR2E037 (10/97)