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Secretary of State

03-02-1999 90168 015 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



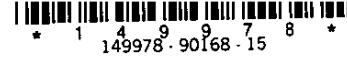
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720718

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



149978 90168 15



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1971	
24. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2351360	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip	
26. Country		27. Country		30. Country	

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 Claus, Jack A.			
				82. Street Address (P.O. Box Number is Not Acceptable) 4716 NW 49th Place			
				83. Mainlands Five, Inc			
				84. City Tamarac, FL 33319 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILPON, SIMON	1.2 NAME	Claus, Jack A.
STREET ADDRESS	4944 NW 49 AVE	1.3 STREET ADDRESS	4716 NW 49 Place
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	Tamarac, FL 33319
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPENCER, LUCY	2.2 NAME	Cangelo, Angelo
STREET ADDRESS	4804 NW 49TH PLACE	2.3 STREET ADDRESS	4951 NW 47 Terrace
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	Tamarac, FL 33319
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP SZUCS, LESTER	3.2 NAME	Phyllis Coughlan
STREET ADDRESS	4938 NW 47 TERACE	3.3 STREET ADDRESS	4806 NW 49 Ct.
CITY-ST-ZIP	TAMARAC FL 33319	3.4 CITY-ST-ZIP	Tamarac, FL 33319
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FINAN, CHARLES	4.2 NAME	VP Finan, Charles
STREET ADDRESS	4920 NW 48 AVE	4.3 STREET ADDRESS	4920 NW 48 Av
CITY-ST-ZIP	TAMARAC FL 33319	4.4 CITY-ST-ZIP	Tamarac, FL 33319
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D GROSS, SALLY	5.2 NAME	D Clark, Beverly
STREET ADDRESS	4805 NW 49 CT	5.3 STREET ADDRESS	9422 NW 48 Ave
CITY-ST-ZIP	TAMARAC FL 33319	5.4 CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D STOOPS, MARILYN	6.2 NAME	D Craker, Donna
STREET ADDRESS	4957 NW 47 TERRACE	6.3 STREET ADDRESS	4813 NW 49 Pl.
CITY-ST-ZIP	TAMARAC FL 33319	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)(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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
Date: 1-30-99 Daytime Phone #: 954 485 1022

CR2E037 (11/98)

149978-90168-15  
720718

Additions to Annual Report 1999  
Mainlands Five, Inc.  
Document #720718  
59-2351360

D  
Johnson, Doris  
9423 NW 48 Ave.  
Tamarac, FL 33319

D  
Harold Yelner  
4929 NW 47 Terrace  
Tamarac, FL 33319

Signed by:



Simon Wilpon, Treasurer  
January 30, 1999