FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000076366 (2)

MANDARIN MORTGAGE & FINANCIAL, INC.

FILED Feb 26 1996 8:00 am Secretary of State

This was a firm and	(F) vice-	Medius Address					
Principal Place of Business 10004 N DALE MABRY HWY 106 TAMPA FL 33618 US		Mailing Address 10004 N. DALE MABRY HWY 106 TAMPA FL 33618 US					
					3. Date Incorporated or Qualified 10/29/1993	3a, Date of Last Report 03/09/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26			59-3203262	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	:	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ 24	Country 25	Z _I p 29	Country 30		8. This corporation has liability for In Florida Statutes Yes	-X-X	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
DOMBAAA	I AL T		81	Name			
Bowman, Al T 10004 N. Dale Mabry Hwy			62 Street Addr		dress (P.O. Box Number is Not Acceptable)		
106	1 00010		83				
TAMPA F	L 33010		84	City		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 607.0505, Florida Statutes.

S:GNATURE _	Signature, typed or printed manic of registered agent are title if applicable	(NOTE: Registered Agent signature required w	/hen reinstating: DATE			
12.	OFFICERS AND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TII. F	D DELETE	1. 1 TITLE	☐ Change	e 🔲 Addition		
NAME	BOWMAN, KAREN B	1.2 NAME				
S RELLADORESS	10004 N. DALE MABRY HWY, SUITE 106	1.3 STREET ADDRESS				
CHTY - ST - ZIP	TAMPA FL	1.4 CHY-ST-ZIP				
TILLS	D DELFTE	2 1 TITLE	☐ Chang	e 🔲 Addition		
NAMÉ	BOWMAN, AL T	22 NAME				
STREET ADERESS	1004 N. DALE MABRY HWY, SUITE 106	2.3 STREET ADDRESS				
CHY-SI-7IP	TAMPA FL	2.4 CITY - \$T - ZIP				
TileE	DELETE	3 1 TITLE	Chang	e 🔲 Addition		
NAME		3 2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CHY-S1-76		3 4 CiTY - ST - ZiP				
TITLE	DELETE	4 1 TITLE	☐ Chang	ge 🔲 Addition		
3MAN		4.2 NAME				
STHEFT ADDRESS		4.3 STREET ADDRESS				
CITY - ST - ZIF		4.4 C/TY - ST - Z/P				
THE#	DELETE	5 1 TITLE	☐ Chang	ge 🔲 Addition		
NAME		5 2 NAME				
STREET ADDRESS		53 STREET ADDRESS				
City - 51 - Ziff		5 4 City - St - ZiP				
10116	☐ DELETE	6 1 TITLE	☐ Chang	ge 🔲 Addition		
VAM:		6.2 NAME				
STREET ADDRESS		6 3 STREET ADDRESS				
CIY-SI-ZP		6 4 CITY - ST - ZIP				
14. I do hereb	y 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 Sta	itutes. 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 cath; 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 on an attachment with an address.

SIGNATURE:

Al Bowman, Dinector

(813)963-6263