

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



OFFICE OF THE SECRETARY OF STATE  
Department of Banking  
and Finance  
Tallahassee, Florida  
32399-0001

FILED  
APR 11 1996  
TALLAHASSEE, FLORIDA

**DOCUMENT # N94000005754 (6)**

**MANDARIN PRESERVATION ASSOCIATION, INC.**

FILED  
APR 11 1996  
TALLAHASSEE, FLORIDA

|                                                 |                       |                                                           |             |                                                                                                                                                                |                                |
|-------------------------------------------------|-----------------------|-----------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Principal Place of Business                     |                       | Mailing Address                                           |             | DO NOT WRITE IN THIS SPACE                                                                                                                                     |                                |
| 10404 SYLVAN LANE WEST<br>JACKSONVILLE FL 32257 |                       | 10404 SYLVAN LANE WEST<br>JACKSONVILLE FL 32257           |             | 3. Date incorporated or Qualified<br>11/21/1994                                                                                                                | 3a. Date of Last Report<br>N/A |
| 2. Principal Place of Business                  |                       | 2a. Mailing Address                                       |             | 4. FEI Number<br>59-3310716                                                                                                                                    | Applied For<br>Not Applicable  |
| 21. State Apt. # etc.                           | 26. State Apt. # etc. | 5. Certificate of Status Desired                          |             | \$8.75 Additional Fee Required                                                                                                                                 |                                |
| 22. City & State                                | 27. City & State      | 6. Election Campaign Financing<br>Trust Fund Contribution |             | \$5.00 May Be Added to Fees                                                                                                                                    |                                |
| 23. City & State                                | 28. City & State      | 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status      |             | \$68.75 Supplemental Fee Not Required                                                                                                                          |                                |
| 24. City                                        | 25. Country           | 29. City                                                  | 30. Country | 8. This corporation has liability for intangible tax under S. 190.032,<br>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           |    |              |  |
| LISSKA, EMILY R<br>10404 SYLVAN LANE WEST<br>JACKSONVILLE FL 32257 |  |  |  | 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 607.0502 and 607.1508 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 607.0502, Florida Statutes.

SIGNATURE: *Emily R. Lisska* Emily R. Lisska, president & director 4/29/95

| 12. OFFICERS AND DIRECTORS                                                              |                                                                                         | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN FL) |                                                                              |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------|
| 12.1<br>NAME<br>D<br>LISSKA, EMILY R<br>10404 SYLVAN LANE WEST<br>JACKSONVILLE FL 32257 | 12.2<br>NAME<br>D<br>JETER, WILLIAM H<br>11136 SCOTT MILL ROAD<br>JACKSONVILLE FL 32223 | 13.1<br>NAME<br>F/D                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12.3<br>NAME<br>D<br>LEMLEY, CHARLES C<br>200 LAURA STREET<br>JACKSONVILLE FL 32202     | 12.4<br>NAME<br>D<br>RAMEY, NANNETTE V<br>3478 FAIRBANKS ROAD<br>JACKSONVILLE FL 32223  | 13.2<br>NAME<br>V/D                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12.5<br>NAME<br>D<br>DANIEL, RUTH<br>12851 MICHANOPY LANE<br>JACKSONVILLE FL 32223      | 12.6<br>NAME<br>D<br>DAVIS, CARL D<br>11647 HAMRICK PLACE<br>JACKSONVILLE FL 32223      | 13.3<br>NAME<br>S/D                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12.7<br>NAME<br>D<br>DAVIS, CARL D<br>11647 HAMRICK PLACE<br>JACKSONVILLE FL 32223      | 12.8<br>NAME<br>D<br>DAVIS, CARL D<br>11647 HAMRICK PLACE<br>JACKSONVILLE FL 32223      | 13.4<br>NAME<br>T/D                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12.9<br>NAME<br>D<br>DAVIS, CARL D<br>11647 HAMRICK PLACE<br>JACKSONVILLE FL 32223      | 12.10<br>NAME<br>D<br>DAVIS, CARL D<br>11647 HAMRICK PLACE<br>JACKSONVILLE FL 32223     | 13.5<br>NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.11<br>NAME<br>D<br>DAVIS, CARL D<br>11647 HAMRICK PLACE<br>JACKSONVILLE FL 32223     | 12.12<br>NAME<br>D<br>DAVIS, CARL D<br>11647 HAMRICK PLACE<br>JACKSONVILLE FL 32223     | 13.6<br>NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.13<br>NAME<br>D<br>DAVIS, CARL D<br>11647 HAMRICK PLACE<br>JACKSONVILLE FL 32223     | 12.14<br>NAME<br>D<br>DAVIS, CARL D<br>11647 HAMRICK PLACE<br>JACKSONVILLE FL 32223     | 13.7<br>NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.15<br>NAME<br>D<br>DAVIS, CARL D<br>11647 HAMRICK PLACE<br>JACKSONVILLE FL 32223     | 12.16<br>NAME<br>D<br>DAVIS, CARL D<br>11647 HAMRICK PLACE<br>JACKSONVILLE FL 32223     | 13.8<br>NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032, Florida Statutes. I further certify that the information included in this annual report or supplementary annual report is true and accurate, and that my signature shall have the same legal effect as a signature under oath. That I am an officer or director of the corporation or the owner or holder empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of the foregoing or other public filing with an address:

SIGNATURE: *Emily R. Lisska* Emily R. Lisska 4/29/95 (704) 268-0925