

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90078 046 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H33072

1. Corporation Name
MANDHEL, INC.

Principal Place of Business

10161 WALES LOOP
BONITA SPRINGS FL 33923
US

Mailing Address

10151 WALES LOOP
BONITA SPRINGS FL 33923
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1984

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25 34135

2a. Mailing Address

26 10161 Wales Loop

27 Suite, Apt. #, etc.
Bonita Springs, FL

28 City & State
Bonita Springs, FL

29 Zip Country

30 34135 US

4. FEI Number

59-2606835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FALK, STEVEN E
C/O ROETZEL & ANDREWS
850 PARK SHORE DRIVE
NAPLES FL 34103

10. Name and Address of New Registered Agent

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 607.0505, 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 D ☒ DELETE
NAME KOERNER, GEORGE
STREET ADDRESS 10561 WALES LOOP
CITY-ST-ZIP BONITA SPGS FL

TITLE VD ☐ DELETE
NAME HEMELGARN, DOROTHY
STREET ADDRESS 105 30 WALES LOOP
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE P ☐ DELETE
NAME ELBERT, DOROTHY
STREET ADDRESS 10751 WALES LOOP
CITY-ST-ZIP BONITA SPGS FL

TITLE TD ☐ DELETE
NAME TRAVERSO, ANN L.
STREET ADDRESS 10430 WALES LOOP
CITY-ST-ZIP BONITO SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition
1.2 NAME Berdick, Wilma
1.3 STREET ADDRESS 10420 Wales Loop
1.4 CITY-ST-ZIP Bonita Springs, FL 34135

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, 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: Dorothy Elbert, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99

941-495-7007
Date Daytime Phone #

CR2E034 (11/98)