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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 540443

1. Corporation Name

SOCIAL ISSUES RESOURCES SERIES, INC.

mandarin . Inc

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90245 029 ***150.00



11000	KNOWE 65 SIKE	2 ///0////////////						
Principal Place of Business Mailing Address							TEL MINIT MENES MINIT	01511 01011 1001
1100 HOLLAND DRIVE 1100 HOLLAND II BOCA RATON FL 33487 BOCA RATON FL						DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed	-	
						06/08/1977		!
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
21	26	9			52-0984180	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc							\$8.75	Additional
22	.,, 5.5.	27				5. Certifcate of Status Desired	Fee F	tequired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	Intangible .	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
1	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	ed Agent	
				81 N	lame			
GOLDSTEIN, ELEANOR C.				82 S	32 Street Address (P.O. Box Number is Not Acceptable)			
1100 HOLLAND DRIVE				Street Address (F.O. Box Number is Not Acceptable)				
BOC	A RATON FL 33487			83				
				24 0			- 85 Zip	Code
				84 C	ity	,	■L ¦°° ²°	Code
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized da Statu	by the Ites.	corporatio	oration submits this statement for the purpose in's board of directors. I hereby accept the ap	pointment as r	egistered
	Signature, typed or printed name of registered ager		<u> </u>	Agent sig	nature required	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
12.	-	ID DIRECTORS	13.	n ¢		irector and president	h Change	Addition
TITLE	P COLDSTEIN FULIOT II		1.2 NA					
NAME	GOLDSTEIN, ELLIOT H.			REET ADI	رة ك	Miot H. Goldstei		
STREET ADDRESS	1100 HOLLAND DRIVE					[same]		
CITY-ST-ZIP	BOCA RATON, FL 00000	7.4 DELETE 2.1		TY-ST-ZIF	* 		Change	Addition
TITLE	V OCUPOTENI OFFI							_
NAME	GOLDSTEIN, SETH		2.2 NA		2000			
STREET ADDRESS	1100 HOLLAND DRIVE		1	REET AD				
CITY-ST-ZIP	Designs and the second		-	nty-st-zi	P		Change	Addition
TITLE	V31D —		3.1 TT			••		
NAME	GOLDSTEIN, ELEANOR P.		3.2 NA	WE REET AD	DDESS.			
STREET ADDRESS								
CITY-\$T-ZIP	DOCK TOTAL		3.4. CI	TY-ST-ZI		Cia Dan de L	™ Change	Addition
TITLE	ASTV		4.1 III		Y	ice fremident		
NAME	MCBRIDE, GERALDINE	400			DDC60			
STREET ADDRESS	22795 S.W. 66TH AVE., UNIT	103		REET ADI				
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	4.4 CT 5.1 TII	TY-ST-Zil	·		[7] Change	Addition
TITLE	AV	○ DEFE15	5.1 III				ப் வள்க	
NAME	JAMES, DANIEL		1	REET AD	npess			
STREET ADDRESS	LOT 31 RFD ROCK RD.,		1					
CITY-ST-ZIP	BLANCO TX	□ DELETE	6.1 TIT	TY-ST-ZII			☐ Change	Addition
TITLE	D	☐ DELETE					Change	, LI MOURION
NAME	MOORE, W. RODGERS		6.2 NA		DDC66			
STREET ADDRESS	7623 SIERRA TERR.			REET ADI		•		
CITY-ST-ZIP	BOCA RATON FL		6.4 CI	TY-ST-Zi	P	<u> </u>		

14. I hereby certify that the information the pit of the transfer of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or southern certify 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561.394-7944