FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 20 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 852971 (1)

1. Corporation Name
MANDOPS, INC.

Principal Place of Business	Mailing Address
% JOSEPH G. SPITZ, CPA ~~1225 U.S. HIGHWAY ONE, SUITE 240~~ JUNO BEACH FL 33408-1420	% JOSEPH G. SPITZ, CPA ~~1225 U.S. HIGHWAY ONE, SUITE 240~~ JUNO BEACH FL 33408-1420

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14255 U.S. Hwy One	2a. Mailing Address 26 14255 U.S. Hwy One
Suite, Apt. #, etc. 22 Suite 240	Suite, Apt. #, etc. 27 Suite 240
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 05/25/1982
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2156668 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SPITZ, JOSEPH G
~~1225 U.S. HIGHWAY ONE~~
SUITE 240
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 14255 U.S. Highway One
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	YOUNGSTEIN, KENNETH	1.2 NAME	
STREET ADDRESS	176 W. 87TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	HARDING, PETER	2.2 NAME	
STREET ADDRESS	36 LEIGH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	EASTLEIGH EN	2.4 CITY-ST-ZIP	
TITLE	PTD	3.1 TITLE	☐ Change ☐ Addition
NAME	SAMPSON, MICHAEL	3.2 NAME	
STREET ADDRESS	36 LEIGH RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EASTLEIGH, ENGLAND	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] SECRETARY 24 JANUARY 1995 00447036641826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Peter HARDING

0240234 CP