

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90157 037 \*\*\*150.00

DOCUMENT # 852971

1. Corporation Name  
MANDOPS, INC.

Principal Place of Business  
14255 US HWY ONE  
SUITE 240  
JUNO BEACH FL 33408-1405  
US

Mailing Address  
14255 US HWY ONE  
SUITE 240  
JUNO BEACH FL 33408-1408  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1982

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLENN SCHANEL  
14255 US HIGHWAY ONE  
SUITE 240  
JUNO BEACH FL 33408

81 Name

GLENN SCHANEL

82 Street Address (P.O. Box Number is Not Acceptable)

14263 US HIGHWAY ONE

83

84 City

JUNO BEACH

FL

85 Zip Code

33408

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 S ☐ DELETE  
NAME SPITZ, JOSEPH G.  
STREET ADDRESS 4300 SO US STE 1, STE 203-268  
CITY-ST-ZIP JUPITER FL

TITLE TD ☐ DELETE  
NAME HARDING, PETER  
STREET ADDRESS 36 LEIGH ROAD  
CITY-ST-ZIP EASTLEIGH EN

TITLE PD ☐ DELETE  
NAME SAMPSON, MICHAEL  
STREET ADDRESS 36 LEIGH RD.  
CITY-ST-ZIP EASTLEIGH, ENGLAND

TITLE D ☐ DELETE  
NAME SAMPSON, PATRICIA  
STREET ADDRESS 36 LEIGH ROAD  
CITY-ST-ZIP EASTLEIGH EN

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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:

Signature and typed or printed name of signing officer or director: Joseph G Spitz 1/7/99 561-230-4276

Date

Daytime Phone #

CR2E034 (1/98)

0561572