

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F02000006328

1. Entity Name
MANDEL & ASSOCIATES, INC.



Principal Place of Business
53 COMMODORE RD.
CHAPPAQUA, NY 10514

Mailing Address
53 COMMODORE RD.
CHAPPAQUA, NY 10514

FILED

04 SEP 30 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09152004 No Chg-P CR2E034 (10/03) 84

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4. FEI Number
56-2302359

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANDEL, BRUCE
C/O JEROME MANDEL
1576 MISTY LANE DR
ORANGE PARK, FL 32003

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CPS
NAME	MANDEL, BRUCE
STREET ADDRESS	53 COMMODORE RD.
CITY-ST-ZIP	CHAPPAQUA, NY 10514
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/04/04--01043--002 **150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Mandel BRUCE MANDEL

13 SEP 04 914-741-0662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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