

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 19 PM 12:07

DOCUMENT # F56286 (0)

1. Corporation Name
MANDISH RESEARCH, INTERNATIONAL, INC.

Principal Place of Business Mailing Address
**5055 STATE RD 46 5055 STATE RD 46
MIMS FL 32754 MIMS FL 32754**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		11/25/1981	04/27/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2144494	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANDISH, T.O. 5055 STATE RD 46 MIMS FL 32754				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MANDISH, T.O.	1.2 NAME					
STREET ADDRESS	5055 STATE RD 46	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIMS FL	1.4 CITY-ST-ZIP					
TITLE	ST	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MANDISH, DONEATH M.	2.2 NAME					
STREET ADDRESS	5055 STATE RD 46	2.3 STREET ADDRESS					
CITY-ST-ZIP	MIMS FL	2.4 CITY-ST-ZIP					
TITLE	D	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TINNICK, VICTORIA	3.2 NAME					
STREET ADDRESS	RT. 219	3.3 STREET ADDRESS					
CITY-ST-ZIP	CARROLLTOWN PA	3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 110.07(3)(k), 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: *Sandra B. Morham* *Doneath M. Mandish* *Sevry T. Ross* 6/13/95 407-262-2561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (By/In/Per #)

CR2E034 (3/95)