

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90055 007 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F56286

1. Corporation Name
MANDISH RESEARCH, INTERNATIONAL, INC.

Principal Place of Business
 5055 STATE RD 46
 MIMS FL 32754

Mailing Address
 5055 STATE RD 46
 MIMS FL 32754

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/25/1981

4. FEI Number
59-2144494

Applied For
 Not Applicable

2. Principal Place of Business
 21

2a. Mailing Address
 26

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

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

City & State
 23

City & State
 28

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

Zip Country
 24 25

Zip Country
 29 30

9. 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 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 DELETE
 NAME **D MANDISH, T.O.**
 STREET ADDRESS **5055 STATE RD 46**
 CITY-ST-ZIP **MIMS FL**

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

TITLE DELETE
 NAME **ST MANDISH, DONEATH M.**
 STREET ADDRESS **5055 STATE RD 46**
 CITY-ST-ZIP **MIMS FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D TINNICK, VICTORIA**
 STREET ADDRESS **RT. 219**
 CITY-ST-ZIP **CARROLLTOWN PA**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 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:

Doneath M. Mandish
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/99 407-267-2561
 Date Daytime Phone #

URB0005

03/22/1999 11:10AM