

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002391 (1)

1. Corporation Name

MANDARIN HOTEL, INC.



Principal Place of Business

Mailing Address

~~6075 ROSWELL RD., STE. 518~~
~~ATLANTA GA 30328~~

~~6075 ROSWELL RD., STE. 518~~
~~ATLANTA GA 30328~~

2. Principal Place of Business

2a. Mailing Address

21 5901C Peachtree Dunwoody

25 5901C Peachtree Dunwoody Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 445

27 Suite 445

City & State

City & State

23 Atlanta Ga

28 Atlanta Ga

Zip

Zip

24 30328

29 30328

Country

Country

25 Fulton

30 Fulton

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/14/1993

3a. Date of Last Report
06/21/1995

4. FEI Number

59-2777942

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

10. Name and Address of New Registered Agent

WAKEFIELD, S. CRAIG
920 WEST EMMETT STREET
KISSIMMEE FL 34741

(New Address is:)
1400 West Oak Suite A
Kissimmee FL 34741

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

TITLE CDP ☐ DELETE
NAME HITSON, WILLIAM M
STREET ADDRESS 1013 EAST 23RD STREET
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE VCD ☐ DELETE
NAME EANES, GORDON L
STREET ADDRESS 8800 RIDGEWOOD AVE.
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ST ☐ DELETE
NAME EANES, GORDON L
STREET ADDRESS 8800 RIDGEWOOD AVE.
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 770 668 1301
Date Daytime Phone

CR2E034 (12/95)