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FILED  
Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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:

5901C PEACHTREE DUNWOODY  
SUITE 445  
ATLANTA GA 30328  
US

Mailing Address:

5901C PEACHTREE DUNWOODY RD.  
SUITE 445  
ATLANTA GA 30328  
US

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State:

23 Zip Country

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State:

28 Zip Country

3. Date Incorporated or Qualified

05/14/1993

3a. Date of Last Report

04/19/1996

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

9. Name and Address of Current Registered Agent

WAKEFIELD, S. CRAIG  
1400 WEST OAK SUITE A  
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

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 by the person named in paragraph 9, and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

CDP  
HITSON, WILLIAM M  
1013 EAST 23RD STREET  
PANAMA CITY FL 32405  
VCD  
EANES, GORDON L  
8800 RIDGEWOOD AVE.  
CAPE CANAVERAL FL 32920  
ST  
EANES, GORDON L  
8800 RIDGEWOOD AVE.  
CAPE CANAVERAL FL 32920

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do 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.

SIGNATURE:

W. M. Hitson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97  
Date

770-6681301  
Daytime Filing #

0512762

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