

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 # F93000005268 (8)

1. Corporation Name

MANDEL ASSOCIATES, INC.



Principal Place of Business

11951 S.W. 51ST ST.  
COOPER CITY FL 33330

Mailing Address

11951 S.W. 51ST ST.  
COOPER CITY FL 33330

2. Principal Place of Business

21 11740 BERRY DRIVE

Suite, Apt. #, etc.

22

City & State

23 COOPER CITY, FL

Zip

Country

24 33026

25

US

2a. Mailing Address

26 11740 BERRY DRIVE

Suite, Apt. #, etc.

27

City & State

28 COOPER CITY, FL

Zip

Country

29 33026

30

US

3. Date Incorporated or Qualified

11/18/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

76-0319861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

MANDEL, TED

11951 S.W. 51ST ST.

COOPER CITY FL 33330

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11740 BERRY DRIVE

83

84 City

COOPER CITY

FL

85 Zip Code

33026

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 agree to, the provisions 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)

4/18/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MANDEL, TED  
STREET ADDRESS 11951 S.W. 51ST ST.  
CITY-ST-ZIP COOPER CITY FL 33330

TITLE VSTD ☐ DELETE

NAME MANDEL, CAROLYN  
STREET ADDRESS 11951 S.W. 51ST ST.  
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

11740 BERRY DRIVE  
COOPER CITY, FL 33026

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

11740 BERRY DRIVE  
COOPER CITY, FL 33026

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

Date

Daytime Phone #

4/18/96 954/436-8788

CR2E034 (12/95)