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Jun 04 1997 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # F95000002416 (4)

Corporation Name
POOLED RESOURCES OF MANDARIN LTD., INC.

Principal Place of Business
~~PO BOX 835~~
~~JACKSONVILLE FL 32201~~

Mailing Address
PO BOX 835
JACKSONVILLE FL 32201-0835

3. Date Incorporated or Qualified: 05/17/1995
3a. Date of Last Report: 03/18/1996

4. FEI Number: 14-1765899 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Uniform Commercial Financing Code Lien Corporation ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

21 2955 Hartley Rd
22 204
23 Jacksonville, FL
24 32257 25 USA

26 2955 Hartley Rd
27 204
28 Jacksonville, FL
29 32257 30 USA

Name and Address of Current Registered Agent
CARLSON, MARY ANN
2955 HARTLEY RD., #204
JACKSONVILLE FL 32257

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

Pursuant to the provisions of Section 607.0505 and 607.0506, 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. The officers and directors authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE DATE

11. OFFICERS AND DIRECTORS

CP
POOLE, STEPHEN C
~~8451 BANDERA CIRCLE E~~
~~JACKSONVILLE FL 32244~~

12. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
22139 Flower Dr
Boca Raton, FL 33428

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Add

RW 6-4-97

☐ Change ☐

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***165.00

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: Copy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen C. Poole

Date 3/5/97

Daytime Phone # 0042205

Resigned:
Stephen Poole 5/22/97

CR2E034 (3/96)