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CORPORATION **ANNUAL REPORT**

1998

The state of

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STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G12759

(8)

MANDARIN HOMES REALTY, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2303 PARK ST. 2303 PARK ST. P.O.BOX 23358 P.O.BOX 23358 MANDARIN FL 32241 DO NOT WRITE IN THIS SPACE MANDARIN FL 32241 3. Date Incorporated or Qualified 12/10/1982 Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 59-2240428 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zin Country This corporation owes or has paid the current year Intangible 30 ☐ Yes □ No 24 Personal Property Tax due June 30. 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 JAPOUR, DANIEL A 333 EAST MONROE ST Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 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, typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 7(7) 6 Addition ELLIOTT, ROBBIE A. NAME 1.2 NAME 12710 FLYNN FOREST STREET ADDRESS 1.3 STREET ADDRESS MANDARIN FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE WOOD, CLARENCE M. NAME 2.2 NAME 1018 RIO ST JOHNS DR STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE KIRKLAND, MARY LEE NAME 3.2 NAME 1712 BUCKNELL AVE 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TOLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE TIFLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filling 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:

ROBBIE FLATOTT APRIL 8 1998

6.3 STREET ADDRESS