

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90078 046 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **H33072**

1. Corporation Name  
**MANDHEL, INC.**



Principal Place of Business  
**10161 WALES LOOP  
 BONITA SPRINGS FL 33923  
 US**

Mailing Address  
**10151 WALES LOOP  
 BONITA SPRINGS FL 33923  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/07/1984**

4. FEI Number  
**59-2606835**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **34135** 25

2a. Mailing Address

26 **10161 Wales Loop**

27 Suite, Apt. #, etc.

27 **Bonita Springs, FL**

28 City & State

28 **Bonita Springs, FL**

29 Zip Country

29 **34135** 30 **US**

9. Name and Address of Current Registered Agent

**FALK, STEVEN E  
 C/O ROETZEL & ANDREWS  
 850 PARK SHORE DRIVE  
 NAPLES FL 34103**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KOERNER, GEORGE</b>	1.2 NAME	<b>Berdick, Wilma</b>
STREET ADDRESS	<b>10561 WALES LOOP</b>	1.3 STREET ADDRESS	<b>10420 Wales Loop</b>
CITY-ST-ZIP	<b>BONITA SPGS FL</b>	1.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34135</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEMELGARN, DOROTHY</b>	2.2 NAME	
STREET ADDRESS	<b>105 30 WALES LOOP</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELBERT, DOROTHY</b>	3.2 NAME	
STREET ADDRESS	<b>10751 WALES LOOP</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAVERSO, ANN L.</b>	4.2 NAME	
STREET ADDRESS	<b>10430 WALES LOOP</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITO SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Dorothy Elbert* **Dorothy Elbert, President** **4-8-99** **941-495-7007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)