

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

FILED

Apr 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 # **K88806** (0)

1. Corporation Name  
**MANDELL PROPERTIES, INC.**



Principal Place of Business Mailing Address  
**922 PARK FOREST LANE JACKSONVILLE FL 32211**  
*Forest spelling corrected*  
**922 PARK FOREST LANE JACKSONVILLE FL 32211-6229**

3. Date Incorporated or Qualified **05/16/1989** 3a. Date of Last Report **05/01/1996**  
4. FEI Number **59-2949184** 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

2. Principal Place of Business 2a. Mailing Address  
21 **922 Park Forest Lane** 26 **922 Park Forest Lane**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Jacksonville, FL 32211-6229** 27 **Jacksonville, FL 32211-6229**  
City & State City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**MACLEAN, C. DONALD, JR.**  
**922 PARK FOREST LANE**  
**JACKSONVILLE FL 32211-6229**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME **PD MACLEAN, C. DONALD, JR.**  
STREET ADDRESS **922 PARK FOREST LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**  
*Forest spelling corrected*  
TITLE  DELETE  
NAME **STD LOTT, WENDELL**  
STREET ADDRESS **3164 TOWNSEND BLVD**  
CITY-ST-ZIP **JACKSONVILLE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  Change  Addition  
12 NAME **PD Maclean, C. Donald, Jr.**  
13 STREET ADDRESS **922 Park Forest Lane**  
14 CITY-ST-ZIP **Jacksonville, FL 32211-6229**  
21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information included 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: *Donald Maclean, Jr.* **4-18-97** **904/725-9209**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)