FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED

DOCUMENT # L60032 (4)

1. Corporation Name
BON APPETITO OF MANDARIN, INC.

Principal Place of Business	Mailing Address
11250 OLD ST. AUGUSTINE RD., #23 JACKSONVILLE FL 32257	11250 OLD ST. AUGUSTINE RD., #23 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1990
3a. Date of Last Report: 09/21/1994

2. Principal Place of Business 21 11018 ST AUGUSTINE RD	2a. Mailing Address 26 11018 ST AUGUSTINE RD	4. FEI Number: 59-3000535	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 # 108	Suite, Apt. #, etc. 27 # 108	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Jacksonville Florida	City & State 28 Jacksonville Florida	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32257 / 25 DUVAL	Zip / Country 29 32257 / 30 DUVAL	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
AHERN, FRED L., JR. 2215 S. THIRD ST. SUITE 101 JACKSONVILLE BEACH FL 32250	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	C.E.O ☒ Change ☐ Addition
NAME	MARTELLO, MICHAEL P., JR	12 NAME	michael P. Martello JR
STREET ADDRESS	11250 OLD ST AUGUSTINE	13 STREET ADDRESS	11018 ST AUGUSTINE RD #108
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville, FL 32257
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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, added or an attachment with an address.

SIGNATURE: _____ Mike P. Martello JR 5-29-95 904-292-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0409070 FP