

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M21249 (1)

1. Corporation Name
MANDARA, INC.



Principal Place of Business

Mailing Address

8801 TWIN LAKE DRIVE
LONG LAKE ESTATES
BOCA RATON FL 33496-1946
US

960 SOUTH BROADWAY
SUITE 120
HICKSVILLE NY 11801

3. Date Incorporated or Qualified
09/30/1985

3a. Date of Last Report
11/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

10990 NW 7th St

27

City & State

City & State

23

Coral Springs FL

28

Zip

Country

Zip

Country

24

33071

25

USA

29

30

4. FEI Number

11-2760817

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, ELINOR EXECUTO
8801 TWIN LAKE DRIVE
LONG LAKE ESTATE
BOCA RATON FL 33496

81 Name

Jill K. Holstein

82 Street Address (P.O. Box Number is Not Acceptable)

10990 NW 7th St

83

84 City

Coral Springs

FL

85 Zip Code

33071

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 607.0605, Florida Statutes.

SIGNATURE

Jill K. Holstein
Signature, typed or printed name of registered agent and title if applicable

Jill K. Holstein
(NOTE: Registered Agent signature required when reinstating)

4/18/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FRIEDMAN, ELINOR, EXECUTOR
STREET ADDRESS 8801 TWIN LAKE DR, LONG LAKE ESTATE
CITY-ST-ZIP BOCA RATON FL 33496 ☒ DELETE

1.1 TITLE PD
1.2 NAME FRIEDMAN, JILL, EXECUTOR
1.3 STREET ADDRESS HOLSTEIN
1.4 CITY-ST-ZIP 10990 NW 7th St
CORAL SPRINGS FL 33071 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

Jill K. Holstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96
Date

805-755-0488
Daytime Phone #

CR2E034 (12/95)