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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

FILED May 20 1998 8:00am Secretary of State

MANDARIN EXPRESS OAKS, INC.							
Principal Place of Business	Mailing Address			····	† 12012911 119 FBLIV F\$[11 FBBB1 F1087 10]] ELVIF 1	10001 WIWII WIWII WIWII W	1911 1991
P O BOX 468714	P O BOX 468714						
ATLANTA GA 31146 ATLANTA GA 31146 US US					DO NOT WRITE IN TH	IIS SPACE	
03	00				3. Date Incorporated or Qualified		
					09/22/1988		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	App	lied For
21	26			5 9-29 18292	Not	Applicable	
Suite, Apt. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Ad		
22	City & State				Fee Req	·	
City & State	- ¬ ´			6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to		
Zip Country	28	Zip Counti			This corporation owes or has paid the		
24 25	29	-			Personal Property Tax due June 30. Yes No		
9. Name and Address of Curren					10. Name and Address of New Register	ed Agent	
IVEY, RAYMOND M.			81	Name			
703 N. MAIN STREET		}	82	Street Address	ss (P.O. Box Number is Not Acceptable)		
SUITE A							
Gain es ville fl 32601		ļ	83				
		Ì	84	City		85 Zip C	ode
	6 - 1607 FEO. EL SI. OLL	1 1 1			ration submits this statement for the number	-L os zascina ita	registered
Pursuant to the provisions of Sections 607.0505 office or registered agent, or both in the State agent. I am familiar with, and accept the obligations.	2 and 607.1508, Fl orida St atu of Florida. Such ch ange wa s	authorized	d by t	named corpo the corporatio	on's board of directors. I hereby accept the	appointment as re	egistered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505. F	lorida Stati	utes.		·		
SIGNATURE Signature, typed or pointed name of registered ages	ut and title if applicable (NO	Tf. Registered	L Agent	I signature required	when reinstating) DA1	E	
12. OFFICERS AND	_ ·	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	IN 12
TITLE VP			IL E			Change	Addition
NAME KUO, YUANN L.			1.2 NAME				
STREET ADDRESS 425 DARROW DRIVE		1.3 ST	HEET A	.DDRESS			
CITY-ST-ZIP DULUTH GA		1.4 CH	IY-SI-	- 7IP			
TITLE ST MAN PANALONIC OF		ETE 2.1 TITL					
NAME KUO, RAYMOND C.T.	☐ DELETE					☐ Change	Addition
AND DADDOUT DDINE	☐ DELETE	2.2 NA	MF			☐ Change	Addition
STREET ADDRESS 425 DARROW DRIVE	☐ DELETE	2.2 NA 2.3 STI	MF REET A	DDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP 425 DARROW DRIVE DULUTH GA	_	2.2 NA 2.3 STI 2.4 CI	AMF REET AI ITY-ST	1			
STREET ADDRESS CITY-ST-ZIP TITLE 425 DARROW DRIVE DULUTH GA	☐ DELETE	2.2 NA 2.3 STI 2.4 CI 3.1 TIT	AMF REET AI ITY-ST ILE	1		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME 425 DARROW DRIVE DULUTH GA	_	2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	AMF REET AI ITY-ST ILE AME	- ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	_	2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI	AMF REET AI ITY-ST ILE AME	-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME 425 DARROW DRIVE DULUTH GA	_	2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI	REET AI ITY-ST ILE AME REET AI	-ZIP			
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELETE	2.2 NA 23 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA	AMF REET AI ITY-ST ILE AME REET AI ITY-ST ILE	-ZIP		☐ Change	☐ Addition
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Indicated on this annual report or supplemental annual report is frue 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.

4/20/48