

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N18551 (4)

1. Corporation Name
 MANDARIN SCHOOL OF CHINESE MEDICINE, INC.

Principal Place of Business: 11018 OLD ST AUGUSTINE RD JACKSONVILLE FL 32247
 Mailing Address: 11018 OLD ST AUGUSTINE RD JACKSONVILLE FL 32247



3. Date Incorporated or Qualified: 12/31/1986
 3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 4237 Salisbury Rd. N., Suite 108, Jacksonville, FL 32257, USA
 2a. Mailing Address: 26 4237 Salisbury Rd. N., Suite 108, Jacksonville, FL 32257, USA

4. FEI Number: 59-2847404
 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: TAYLOR, VICTORIA J. 1706 BELMONTE AVE JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Victoria J Taylor*

8/5/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: SHIRLEY J. HARTMAN, MD	1.1 TITLE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 7563 PHILLIPS HWY. #206	CITY-ST-ZIP: JACKSONVILLE FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	NAME: LANGFORD, JANE	1.3 STREET ADDRESS	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 2760 C H ARNOLD RD	CITY-ST-ZIP: ST AUGUSTINE FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VDT	NAME: KOWALSKI, MICHAEL	2.1 TITLE	<input type="checkbox"/> DELETE
STREET ADDRESS: 5113 OTTER CREEK DR	CITY-ST-ZIP: PONTE VEDRA BEACH FL	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Peter Draper TD	NAME: Peter Draper TD	2.3 STREET ADDRESS	<input type="checkbox"/> DELETE
STREET ADDRESS: 4237 Salisbury Rd N #108	CITY-ST-ZIP: Jacksonville, FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Director	NAME: Brenda Star Walker, LMT	3.1 TITLE	<input type="checkbox"/> DELETE
STREET ADDRESS: 1230 Landon Ave	CITY-ST-ZIP: Jacksonville 32207	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Victoria J Taylor	NAME: Victoria J Taylor	3.3 STREET ADDRESS	<input type="checkbox"/> DELETE
STREET ADDRESS: 1706 Belmont Ave	CITY-ST-ZIP: Jacksonville, FL 32207	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: Jacksonville, FL 32207		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Victoria J Taylor* 7/15/96 (904) 346 0956

CR2E037 (3/96)