

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT  
 REINSTATEMENT  
 1997**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 97 OCT 28 PM 4:09

**DOCUMENT # N18551 (4)**  
 1. Corporation Name  
**MANDARIN SCHOOL OF CHINESE MEDICINE, INC.**



Principal Place of Business Mailing Address  
**4237 SALISBURY RD N. SUITE 108 JACKSONVILLE FL 32257**

09/10/28 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 24 Country 25 29 Zip 30 Country

3. Date Incorporated or Qualified **12/31/1986** 3a. Date of Last Report **08/07/1996**  
 4. FEI Number **59-2847404** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  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 **KOWALSKI MICHAEL**  
 82 Street Address (P.O. Box Number is Not Acceptable) **5113 OTTER CREEK DRWG.**  
 83  
 84 City **PONTE VEDRA BCH.** FL 85 Zip Code **32082**

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 *Michael Kowalski* **PRESIDENT OF BOARD** 10/22/97.  
 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	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DRAPERY J. HARTMAN, PETER</b>	
STREET ADDRESS	<b>4237 SALISBURY RD N.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALKER, BRENDA S</b>	
STREET ADDRESS	<b>1230 LONDON AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>VDT</b>	<input type="checkbox"/> DELETE
NAME	<b>KOWALSKI, MICHAEL</b>	
STREET ADDRESS	<b>5113 OTTER CREEK DR</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>	
TITLE	<b>AD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TAYLOR, VICTORIA J</b>	
STREET ADDRESS	<b>1706 BELMONTE AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T.D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DRAPER, PETER</b>	
1.3 STREET ADDRESS	<b>4237 SALISBURY RD. #107</b>	
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32216</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>500002333275--7</b>	
4.4 CITY-ST-ZIP	<b>-10/29/97--01129--008</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>***245.00 ***245.00</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Michael Kowalski* **PRESIDENT OF BOARD**

CR2E037 (4/97)