


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



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

3. Date Incorporated or Qualified 12/31/1986		
4. FEI Number 59-2847404	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

**KOWALSKI, MICHAEL
5113 OTTER CREEK DR.
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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* DATE: **4-8-98**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DRAPER, PETER	
STREET ADDRESS	4237 SALISBURY RD N. #107	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, BRENDA S	
STREET ADDRESS	1230 LONDON AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VDI	<input type="checkbox"/> DELETE
NAME	KOWALSKI, MICHAEL	
STREET ADDRESS	5113 OTTER CREEK DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kowalski, Michael	
1.3 STREET ADDRESS	5113 Otter Creek Dr.	
1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
2.1 TITLE	VPTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	walker, Brenda S	
2.3 STREET ADDRESS	1230 London Ave.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wolfson, Elisa	
3.3 STREET ADDRESS	3075 Falconer Dr.	
3.4 CITY-ST-ZIP	Jacksonville, FL 32223	
4.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lockwood, Joyce	
4.3 STREET ADDRESS	212 33rd Ave South	
4.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
5.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Stewart, Susan	
5.3 STREET ADDRESS	2010 Grove St.	
5.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
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 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* MICHAEL KOWALSKI **4-8-98 (904) 296-0906**

CR2E037 (10/97)