

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P16241** (2)  
1. Corporation Name  
**MANDEL'S OF CALIFORNIA, INC.**

Principal Place of Business <b>501 N. BROADWAY ST. LOUIS MO 63102 US</b>	Mailing Address <b>P.O. BOX 14445 N/A ST. LOUIS MO 63178-4445 US</b>
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2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified <b>10/05/1987</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>95-0598245</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES STREET  
STE - 105  
TALLAHASSEE FL 32301**

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 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	ST. LOUIS MO	
CITY - ST - ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	711 MIDDLE POLO DRIVE	
CITY - ST - ZIP	ST. LOUIS MO	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	12707 CORUM WAY DRIVE	
CITY - ST - ZIP	ST. LOUIS MO	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	6420 ELLENWOOD AVENUE	
CITY - ST - ZIP	ST. LOUIS MO	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	501 N BROADWAY	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	501 N BROADWAY	
CITY - ST - ZIP	ST LOUIS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KARL MICHAEL	
2.3 STREET ADDRESS	501 N BROADWAY	
2.4 CITY - ST - ZIP	ST. LOUIS MO. 63102	
3.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	NAME	<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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas McGinn* **THOMAS MCGINN** REQUIRED *4/15/97* **314 331-7528**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)