

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 23 1998 8:00am
Secretary of State

DOCUMENT # **P93000076366 (2)**

1. Corporation Name

MANDARIN MORTGAGE CORP.



Principal Place of Business

**6400 - 4TH STREET NORTH
SUITE 200
ST. PETERSBURG FL 33702
US**

Mailing Address

**6400 - 4TH STREET NORTH
SUITE 200
ST. PETERSBURG FL 33702
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1993

4. FEI Number

59-3203262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees 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

2. Principal Place of Business

21 1004 N. Dale Mabry

Suite, Apt. #, etc.

22 106

City & State

23 Tampa FL

Zip

24 33618

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27 Tampa FL

Zip

28 33618

Country

29 USA

30

9. Name and Address of Current Registered Agent

**SECOR, DUSTIN
6400 - 4TH STREET NORTH
SUITE 200
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

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

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 **D** ☒ DELETE
NAME **BOWMAN, KAREN B**
STREET ADDRESS **10004 N. DALE MABRY HWY, SUITE 106**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ DELETE
NAME **BOWMAN, AL T**
STREET ADDRESS **10004 N. DALE MABRY HWY, SUITE 106**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition
1.2 NAME **Dustin Secor**
1.3 STREET ADDRESS **6400 4th St No # 200**
1.4 CITY-ST-ZIP **St Pete FL 33702**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

7/15/98 6125904500

CR2E034 (5/98)