SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**

1996

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

THILE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1000		
DOCUMENT #	P94000024290	(6)

MANDARIN RINGE DEVELOPMENT CORPORATION

MANUAN	III TIDGE DEVELOT MILIT	1 Oom onknow					
Principal Place o	f Business	Mailing Address				1 166(166) 114 18(1) 516(1) 617(1) 637(1)	åldi Båtiå tiått ålåta litis sam ann ann.
2980 OLD ORCI JACKSONVILLE	HARD ROAD FL 32257	2980 OLD ORCHA JACKSONVILLE FL					
						3. Date Incorporated or Qualified 03/30/1994	3a. Date of Last Report 05/01/1995
2. Principal Plac	e of Business	2a. Mailing Addres	5			4. FEI Number	Applied For Not Applicable
21		26				59-3234408	\$8.75 Additional
Suite, Apt #,	etc	Suite, Apt. #, et	C.			5. Certificate of Status Desired	Fee Required
City & State		City & State	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	Zip		Country	,	8. This corporation has liability for	intangible tax under s. 199 032
Zip	25	29	30	l		Fiorida Statutes	Yes No
24	9. Name and Address of Curre		1	,—, <u> </u>		10. Name and Address of New R	egistered Agent
				81	Name		
	ASSO, JOHN			-		ddress (P.O. Box Number is Not Accepta	blet
	O OLD ORCHARD ROAD			82	Street A	address (F.O. Box Namber is Not Mocopies	
JAC	KSONVILLE FL 32257			83			
				Ĺ			7-0-4
				84	City		FL 85 Zip Code
office or rec	gistered agent, or both, in the State i familiar with, and accept the obli-	gations of Section 607.05	05. Florida	Statutes	3	corporation submits this statement for the oration's board of directors. I hereby ancel	ourpose of changing its registered of the appointment as registered
Signatura	ignature, typeid or printed name of registered a	gent and trie if applicable	(NOTE Be		ent signature	required when reinstating: ADDITIONS/CHANGES TO OFF	
12.	OFFICERS A	ND DIRECTORS	TTC	13.		ADDITIONS/GITANGES TO OTT	Change Addition
TITLE	Р	DEL	t I t	1 1 THE			
NAME	MARSHALL, CHARLES E S	R		1.2 NAME			
STREET ADDRESS	2980 OLD ORCHARD RD				T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257			14 CITY	ST - ZIP		Change Addition
TITLE	V	L] DEL	EIE	2 1 TITLE			
NAME	MOLASSO, JOHN			2.2 NAME			
STREET ADDRESS	2980 OLD ORCHARD RD			23 STREE	TACORESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257			2 4 CITY			Change Addition
TITLE		DE	ETE	3 1 THTLE		V/5	
NAME				3.2 NAME		Joseph E. WARR	en Divi
STREET ADDRESS				3 3 STREE	T ACORESS	1930 SANI	MARCO BLVA
CITY-ST-ZIP		_		34 CITY	-ST - ZIP	1930 SANI	Change Add tion
TITLE		DE	ETE	4 1 BiTLE			Lij Change Lij Addibon
NAME				4 2 NAM	E		
1 .5							

6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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

4 4 CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

54 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6 1 TiTLE

6.2 NAME

DELETE

DELETE

Change Addition

Change Addition