

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90004 010 ***158.75



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **P94000024290**

1. Corporation Name
MANDARIN RIDGE DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
2980 OLD ORCHARD ROAD **2980 OLD ORCHARD ROAD**
JACKSONVILLE FL 32257 **JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/30/1994

4. FEI Number Applied For
59-3234408 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 325 W. ADAMS ST **26 325 W. ADAMS ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 302 **27 302**
 City & State City & State
23 JACKSONVILLE, FL. **28 JACKSONVILLE, FL.**
 Zip Country Zip Country
24 32202 **25 DUVAL** **29 32202** **30 DUVAL**

9. Name and Address of Current Registered Agent
MOLASSO, JOHN
2980 OLD ORCHARD ROAD
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent
81 Name **MOLASSO, JOHN**
82 Street Address (P.O. Box Number is Not Acceptable)
325 W. ADAMS ST.
83 **Suite 302**
84 City **JACKSONVILLE** **FL** **85 Zip Code**
32202

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	P	<input type="checkbox"/> DELETE
NAME	MARSHALL, CHARLES E SR	
STREET ADDRESS	2980 OLD ORCHARD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOLASSO, JOHN	
STREET ADDRESS	2980 OLD ORCHARD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WARREN, JOSEPH E.	
STREET ADDRESS	1930 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARSHALL, CHARLES E. SR.	
1.3 STREET ADDRESS	325 W. ADAMS ST. #302	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOLASSO, JOHN	
2.3 STREET ADDRESS	325 W. ADAMS ST. #302	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202	
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		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE: John Molasso **JOHN MOLASSO, V. Pres.** Date 1/8/99 Daytime Phone # _____

CR2E034 (1/198)