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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000028229 (0)

MANDARIN PAINT & FLOORING, INC. Principal Place of Business Mailing Address C/O CONTEMPORARY BUSINESS SERVICES 10210 SAN JOSE BLVD. JACKSONVILLE FL 32257 4070 HERSCHEL, SUITE 3 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32210 3. Date Incorporated or Qualified 04/11/1994 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3236101 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Žιρ Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 30 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FORD, ROBERT A 10110 SAN JOSE BLVD. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32257 83 84 City 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 negistered agent and title if applicable (NCITE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 11 TITLE TITLE PUTALA, MICHAEL J 1.2 NAME NAME 10210 SAN JOSE BLVD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32257 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change TITLE DELETE 61 TITLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this billing 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 supplientental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the confortation 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 it changed, or on a lattachment of the anaddress.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 12 1998 8:00am

Secretary of State