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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077311 (6)

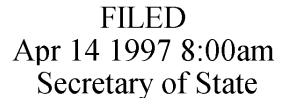
MANDINO & COMPANY, INC.

Principal	Place	of Bu	sannis

Mailing Address

1204 N HAMPTON AVE ORLANDO FL 32803

1204 N HAMPTON AVE ORLANDO FL 32803-270





ORLANDO FL 32803		ORLANDO FL 32803-2709							
						Date Incorporated or Qualified     10/19/1994		te of Last 14/1996	•
<u>⊢</u> , .	Place of Business	2a. Mailing Address				4. FEI Number	.t		Applied For
21 Suita Ant	# 010	26				59-3277484			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Require				
City & Star 23		City & State				Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
Z(p 24	Country 25	Zip <b>29</b>	Gour	ntry		This corporation has liability for in     Florida Statutes		tax under	s. 199.032,
	9. Name and Address of Currer	nt Registered Agent		_		10. Name and Address of New Reg			
MAN	NDINO, GARY			61	Name			_=	
120-	4 N HAMPTON AVE ANDO FL 32803			82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)		
Uni	PANDO EL SEGOS			83					
				В4	City			85 Zij	p Code
11. Purcuant	to the provisions of Sections 607.066	22 and 607 1609 Florida Prot	dos the sh		l		FL	<u> </u>	
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was atlons of, Section 607.0505, F	authorized Iorida Statu	by ites	the corporati	poration submits this statement for the pulion's board of directors. I hereby acception's	ifpose of the appo	changing pintment a	its registered is registered
SIGNATURE	Signature, typed or printed name of registered age					od whon re-instating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE		DIRECTO	DRS IN 12
TITLE	D	☐ DELFTE	1.1 7/11	.€				Change	Addition
NAME	MANDINO, GARY		1,2 NAN	Æ					
STREET ADDRESS	1204 N HAMPTON AVE		1.3 S1R	EE1	ADURESS				
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY	/-S1	1-7IP				
TITLE			2.1 1016	E				Change	Addition
NAME			2.2 NAM	AE.					
STREET ADDRESS			2 3 \$1R	[{1}	ADDRESS				
CITY-ST-ZIP			2. 4 CIT		1-ZIP				
TITLE		☐ DELFTE	3.1 TITL					L_) Change	Addition
NAME			3.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CIT		1-719			<u>۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔</u>	
NAME			41 1111				l	☐ Change	Addition
STREET ADDRESS			4. 2 NAF						
CITY-ST-ZIP			l li		ADDRESS				
TITLE		DELETE	5.1 TO L		-202			Chance	Auditor
NAME		لے میراد					L	Change	Addition
STREET ADDRESS			5.2 NAM		ADDDE CO				
CITY-ST-ZIP					ADDRESS				
TITLE		DELETE	5.4 CITY 6.1 TITU		- ZIP				4 3 3 5 7
NAME		E Dett if	1				ı	Change	Addition
STREET ADDRESS			6.2 NAM						
	•				ADDRESS				
CITY-ST-ZIP	ortify that the information and		6.4 CITY	- \$1-	-ZIP				

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 eath; that I am an officer or director of the corporation of 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 changon, by on an attachment with an address.

OLOMATURE.

ASIGNA STEP + COCAMELAN AND IN

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