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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1990	5						
DOCUMENT # P9500030085 (1) MANDELMEISTERS, INC.								
WHITE	EMICIOTEIRO, 1140							
Principal Place	e of Business	Mailing Address	 ,					
1714 VILLAGE CT		1714 VILLAGE CT						
BRANDON FL		BRANDON FL 33511						
					3. Date Incorporated or Qual 04/12/1995	ied 3a.	Date of Last Report	
2. Principal P	lace of Business	2ε. Mailing Address			4. FEI Number		Applied For	
21		26			59-336937	8	Not Applicable	
Suite, Apt	#, etc	Suite, Apt #, etc			5. Certificate of Status Desire:	d 🔲	\$8.75 Additional Fee Required	
City & Stat	0	City & State			6. Election Campaign Financio		\$5.00 May Be	
23		28			Trust Fund Contribution	· · ·	Added to Fees	
Zip	Country	Zip	Cour	itry	8. This corporation has liabilit			
24	25	29 3	0		Florida Statules	<u> </u>	V No	
	9. Name and Address of Curren	it Registered Agent		81 Name	10. Name and Address of Ne	w Hegistere	a Agent	
TOTH, KERRYANNE								
1714 VILLAGE CT BRANDON FL 33511 ADO"E"				B2 Street	t Address (P.O. Box Number is Not Acce	aptable)		
DR	ANDON PL 33311			83				
			-	84 City			85 Zip Code	
						F	L	
I office or i	registered agent, or both, in the State.	of Florida. Such change was auth	horized.	by the corp	f corporation submits this statement for I poration's board of directors. Thereby a	he purpose acept the ap	of changing its registered pointment as registered	
agent La	rm familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statul	tes				
SIGNATURE	Signature, typico or printed name of registered ago	end and time if applicable (NOTE	Begistered	Agent signatur	re required when rens; along)	[jAi]		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO (OFFICERS A	NO DIRECTORS IN 12	
TITLE	PRESIDENT	DELETE	11 TH	LE	PRESIDENT		Change X Addition	
NAME	KEGINYANNE TOTH		12 NA	ME	JAMES L. TETH			
STREET ADDRESS	MY VILLAGE CT.		1.3 STI	REET ADDRESS		.		
CITY-ST-ZIP	BRANDON, FL. 33	<u> 5511</u>		Y - ST - ZIP	BRANDON, FL. 33	<u> </u>	Observa I deduces	
TITLE	VICE PRESIDENT	DELETE	2 1 TIT				Change Addition	
NAME	KERRYANNE TOTH		2 2 NA					
STREET ADDRESS	1714 VILLAGE CT.	ζι.		REFT ADDRESS				
CITY-ST-ZIP TITLE	BRANDON, FL. 335	DELETE	3 1 Til	TY-ST-ZIP LE			Change Addition	
NAME			3 2 NA					
STREET ADDRESS			1	reet address	s I			
CITY-ST-ZIP				TY - ST - ZIP				
TITLE		DELETE	4.1 TH	LE			Change Addition	
NAME			4 2 N	AME	1			
STREET ADDRESS			4351	REET ADDRESS	6			
CITY-ST-ZIP			4.4 CI	IY-SI-ZIP				
TITLE		☐ DELETE	5 1 71				Change Addition	
NAME			5.2 NA					
STREET ADDRESS				REET ADORESS	S			
CITY-ST-ZIP			540	TY - ST - 71P	1			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Florida Statutes 1 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 12 from a statement with an address

61 TITLE

6.2 NAME

6 3 STREET ADDRESS 6 4 CITY - S1 - ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

PED ON PRIME ON NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

\$13_USY 1283

Change Addition