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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000062591

W.R.A. OF MANDARIN, INC.

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90032 010 ***150.00

Principal Plac	ce of Business	Mailing Address				OBSIG BOIGH BOGSI OBSIG	O BYNNO HYDDA ONER	I NEIBH HIDT HOUT
11112 SAN JOSE BLVD JACKSONVILLE FL 32223 3469 DOCKSIDER DRIVE NO. JACKSONVILLE FL 32227								
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					 Date Incorporated or Qu 08/14/1995 	alifed	:	
	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21	· 	26			59-3336922		No	t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc			5, Certifcate of Status Desi	red 🗆	\$8.75 /	Additional
27					S, Controdic of Ciards Dos		Fee Re	quired
City & State City & State					6. Election Campaign Final	ncing 🗀 .	\$5.00	
23 28				Trust Fund Contribution Added to Fees				
Zip Country Zip 24 25 - 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Current	29 t Registered Agent	[30]		Personal Property Tax. 10. Name and Address of	New Penistered		MAINO
			8	1 Name	TV. Nume and Address (I	itew itegistered	Agons	
	NEMOUS, GEORGE P							
3469 DOCKSIDER DRIVE NO.			8	2 Street Ad	fress (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32257			8	3	· · · · · · · · · · · · · · · · · · ·			
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	S.F.CYPY'S	Same a series of the series of	8	4 City	,	Fi	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statut	es, the abo	ve-named co	rporation submits this statement for	or the purpose of	changing its	registered
· Office or	registered agent, or both, in the State c am familiar with, and accept the obligati	nt Finnda. Such change was a	uithorizad h	v the cornors	ation's board of directors. I hereby	accept the appoi	ntment as reg	gistered
	•					• •	,	- 1
SIGNATURE	-				•			. }
SIGNATURE	Signature, typed or printed name of registered agent	*******	: Registered Ag	ent signature requ	ired when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND	D DIRECTORS	13,		ired when reinstating) ADDITIONS/CHANGES T		ID DIRECTO	
12.	Signature, typed or printed name of registered agent OFFICERS AND	*******					ND DIRECTO	RS IN 12
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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