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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000045318 (8)**

1. Corporation Name
THE MANDARIN MERCHANTS GROUP, INC.

Principal Place of Business	Mailing Address
6775 NEWBERRY ROAD GAINESVILLE FL 32605	6775 NEWBERRY ROAD GAINESVILLE FL 32605-4312

3. Date Incorporated or Qualified: 05/21/1996
3a. Date of Last Report: 5/21/96

2. Principal Place of Business
21 9965 SAN JOSE BLVD
Suite, Apt. #, etc. 22
City & State: 23 JACKSONVILLE FL
Zip: 24 32257 Country: 25 USA

2a. Mailing Address
26 9965 SAN JOSE BLVD.
Suite, Apt. #, etc. 27
City & State: 28 JACKSONVILLE FL
Zip: 29 32257 Country: 30 USA

4. FEI Number: 59-3385390 ☐ Applied For ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
MARLOW, ELIZABETH
6775 NEWBERRY ROAD
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6783 NEWBERRY Rd.
83
84 City: GAINESVILLE FL 85 Zip Code: 32605

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: Elizabeth Marlow ELIZABETH MARLOW 4-22-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE: PRESIDENT	☐ Change ☑ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	ELIZABETH MARLOW 6783 NEWBERRY Rd. GAINESVILLE FL 32605	1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE: V. PRES.	☐ Change ☑ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	THOMAS HOUZE 9810-10 BAYMEADOWS Rd. JACKSONVILLE FL 32256	2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE: V. PRES./SEC.	☐ Change ☑ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	STEVE RANGE 12004 SW SYLVANIA CT. PORTLAND OR 97219	3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE: TREAS.	☐ Change ☑ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	JEFF MARLOW 6114 SW 11th AVE. PORTLAND OR 97225	4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE: DIRECTOR	☐ Change ☑ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	ALYSSA MARLOW 9810-10 BAYMEADOWS Rd. JACKSONVILLE FL 32256	5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. 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 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.

SIGNATURE: [illegible] 904-880-8872