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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000049100 (6)**

1. Corporation Name

MANDARIN INTERIORS, INC.



Principal Place of Business

**10909 ATLANTIC BLVD.
JACKSONVILLE FL 32225**

Mailing Address

**10909 ATLANTIC BLVD.
JACKSONVILLE FL 32225-2940**

3. Date Incorporated or Qualified

06/07/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CAMP, RICHARD CPA
4110 SOUTHPPOINT BLVD., #205
JACKSONVILLE FL 32218**

4. FEI Number

59-3388546

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME: **D SHARMA, DAVID M**
STREET ADDRESS: **10909 ATLANTIC BLVD.**
CITY-ST-ZIP: **JACKSONVILLE FL 32225**

TITLE ☐ DELETE

NAME: **D SHARMA, SUZANNE E**
STREET ADDRESS: **10909 ATLANTIC BLVD.**
CITY-ST-ZIP: **JACKSONVILLE FL 32225**

TITLE ☐ DELETE

NAME: **D CHEN, ANNETTE C**
STREET ADDRESS: **10909 ATLANTIC BLVD.**
CITY-ST-ZIP: **JACKSONVILLE FL 32225**

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **10909 ATLANTIC BLVD.**
1.4 CITY-ST-ZIP **# 16A**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **10909 ATLANTIC BLVD**
2.4 CITY-ST-ZIP **# 16A**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **10909 ATLANTIC BLVD**
3.4 CITY-ST-ZIP **# 16A**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

DAVID M SHARMA

04-29-97

642-9924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0036876

CR2E034 (9/96)