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Mar 28 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 # P96000053488 (8)  
1. Corporation Name  
MANDARIN CLEANING SERVICES, INC.



Principal Place of Business Mailing Address  
10145 W. PINE BREEZE ROAD JACKSONVILLE FL 32257  
10145 W. PINE BREEZE ROAD JACKSONVILLE FL 32257-0050

3. Date Incorporated or Qualified 06/20/1996  
3a. Date of Last Report

2. Principal Place of Business 2b. Mailing Address  
21 10145 Pine Breeze Rdw 26 SAME  
State Apt. #, etc. Suite Apt. #, etc.  
22 none 27 none  
City & State City & State  
23 Jax 28 Same  
Zip Country Zip Country  
24 32257 25 US 29 SAM 30

4. FEI Number 59-3388729 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

10. Name and Address of New Registered Agent

GUTTRY, JOHN T  
10145 W. PINE BREEZE ROAD  
JACKSONVILLE FL 32257

81 Name John T Guttry  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 SAME AS ABOVE  
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 fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: D, GUTTRY, JOHN T, 10145 W. PINE BREEZE ROAD, JACKSONVILLE FL 32257. Includes 'DELETE' checkboxes.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows 1-6. Includes 'Change' and 'Addition' checkboxes.

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 unchanged, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-97 904-260-8966 Date Daytime Phone #

CR2E034 (9/96)