

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90011 029 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000043101**

1. Corporation Name

MANDARIN CLEANERS CORPORATION

Principal Place of Business

Mailing Address

MANDARIN CLEANERS CORPORATION (SAME)  
3021 LORETTO ROAD  
JACKSONVILLE, FL. 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 MANDARIN CLEANERS CORPORATION

2a SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3021 LORETTO ROAD

27

City & State

City & State

23 JACKSONVILLE, FL. 32223

28

Zip

Country

Zip

Country

24 32223

25 DUVAL

29

30

4. FEI Number

Applied For

59-3578562

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KYUNG SEON LEE  
3336 CORMORANT COVE DR.  
JACKSONVILLE, FL. 32223-3739

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE

NAME KYUNG SEON LEE

STREET ADDRESS 336 CORMORANT COVE DR.

CITY-ST-ZIP JACKSONVILLE, FL. 32223-3739

TITLE YOUNG J. SHON ☐ DELETE

NAME YOUNG J. SHON

STREET ADDRESS 1056 DURDIN PARK DR.

CITY-ST-ZIP JACKSONVILLE, FL. 32259

TITLE VICE-PRESIDENT ☐ DELETE

NAME SANG H. LEE

STREET ADDRESS 336 CORMORANT COVE DR.

CITY-ST-ZIP JACKSONVILLE, FL. 32223-3739

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

*Sang H. Lee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/99

Date

(904) 282-1590

Daytime Phone #

CR2E034 (11/98)