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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

S79477

(3)

MANDICHAK ENTERPRISES, INC.



	Principal Place of Business		Mailing Address		(1004/010 41) 15010 10111 01511 1001, 1001 01915 01011 01011 01011 01011 01011 01011	
173 FAIRWAY POINT CIRCLE ORLANDO FL 32828		173 FAIRWAY POINT CIRCLE ORLANDO FL 32828				
					3. Date Incorporated or Qualified 09/09/1991	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
1		26			59-3060687	Not Applicab
Suite, Apt. #	, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
3		28			Trust Fund Contribution	Added to Fees
Zip	Country .	Zip	Country	<i>t</i>	8. This corporation has liability for	
4	25	29	30		Florida Statutes Y Yes 10. Name and Address of New F	No
	9. Name and Address of Curre	ini negisiered Ageni	81	Name	10. Name and Address of New F	registered Agent
MANDIC	HAV CADV A				(C) O. Do. M. mikov in Not Accordate	(la)
MANDICHAK, GARY A. 3218 B EAST COLONIAL DR			82 Street Address		ess (P.O. Box Number is Not Acceptable)	
	O FL 32803		83	<u> </u>		
ONDAND	70 1 2 32000		0.4	03	·	85 Zip Gode
			84	City		FL 85 Zip Gode
SIGNATURE	Signature Typied or printed name of registers Lagri OFFICERS AN	nd and interest applicable (*) ND DIRECTORS	NOTE Biografered Age.	nt signal are require	a who mostating! ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE		NO DIRECTORS	13. 1 1 Till E		ADDITIONS/CHANGES TO OFF	Change Addition
i	VPD	officie	1 (1116)			
HALLE !	MANINIMAK ADIENE		1.2 NAME			
	MANDICHAK, ARLENE	nue.	1.2 NAME 1.3 STREE	r address		
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STREET ADDRESS CITY-ST ZIP		DR		ľ		Change Addition
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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. Gress GARY MANDICHAK 5/1196 (407)894-1585