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04-26-1999 90119 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P94000047862**

1. Corporation Name
MANGO DEVELOPMENT GROUP, INC.

Principal Place of Business	Mailing Address
~~1830 S OSPREY AVE~~ ~~SUITE 100A~~ ~~SARASOTA FL 34239~~ US	P O BOX 728 SARASOTA FL 34230 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1994

2. Principal Place of Business — 21: P.O. Box 728
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: Sarasota, Fla
City & State — 28:
Zip — 24: 34230 Country — 25: USA
Zip — 29: Country — 30:

4. FEI Number: 65-0501958 ☐ 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 owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCURDY, JEFFREY
~~1830 S OSPREY AVE~~
~~SUITE 100A~~
~~SARASOTA FL 34230~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2 North Tamiami Trail, Suite 410
83:
84 City: Sarasota FL 85 Zip Code: 34236

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, WILLIAM D		1.2 NAME		
STREET ADDRESS	~~1830 S OSPREY AVE SUITE 100A~~		1.3 STREET ADDRESS	2 North Tamiami Trail, Suite 410	
CITY-ST-ZIP	~~SARASOTA FL 34239~~		1.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCURDY, JEFFREY		2.2 NAME		
STREET ADDRESS	~~1830 S OSPREY AVE SUITE 100A~~		2.3 STREET ADDRESS	2 North Tamiami Tr. Suite 410	
CITY-ST-ZIP	~~SARASOTA FL 34239~~		2.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____ 4-26-99 941/316-6802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #