FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 11 AM 8:32

DOCUMENT # **M53500** **(8)**

1. Corporation Name

MINIMATIC INC.

Principal Place of Business	Mailing Address
1225 BROKEN SOUND PKWY NW BOCA RATON FL 33487	1225 BROKEN SOUND PKWY NW BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/09/1987**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: SE C	Suite, Apt. #, etc. 27: SE C
City & State 23:	City & State 28:
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-2814645** ☐ 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
SHAW, LEON 330 GLENWOOD DR DELRAY FL 33445	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 _____ 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	D	11 TITLE		☒ Change ☐ Addition
NAME	DORF, BARRY	12 NAME	(Delete)	
STREET ADDRESS	2804 N 34TH AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP		
TITLE	DVS	21 TITLE		☒ Change ☐ Addition
NAME	SIMMONS, WILLIAM	22 NAME		
STREET ADDRESS	10936 SW 138TH PL	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL 32186	
TITLE	CPT	31 TITLE		☒ Change ☐ Addition
NAME	SHAW, LEON	32 NAME		
STREET ADDRESS	330 GLENWOOD DR	33 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	DV	41 TITLE		☒ Change ☐ Addition
NAME	KOZAK, INGO K	42 NAME		
STREET ADDRESS	11211 S MILITARY TR #3821	43 STREET ADDRESS	4B Atrium Circle	
CITY ST ZIP	BOYNTON BCH FL	44 CITY-ST-ZIP	Atlantis, FL 33462	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/30/95 407-997-7777
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0260202 CP