## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # N23483

(3)

1. Corporation	n Name		MINIUM ASSOCIATIO	ON, INC.							
Principal Place of Business Mai			Mailing Addres	S						.el <b>81811 0</b> 11	OUL DINAU (DO)
52 E SOUTH ST ORLANOD FL 32901 US			52 E SOUTH ST ORLANOD FL 32601-3308								
			50					3. Date incorporated or Qualified 11/16/1987	3a. Date o 04/	Lest Re 24/199	eport <b>96</b>
2. Principal P	ncipal Place of Business 2a. Mailing Address 26						4. FEI Number 59-2860876	<del> </del>	plied For		
Suite, Apt.	site, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	□ \$		Additional	
City & State	,			· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing Trust Fund Contribution  S5.00 May Be Added to Fees					
Zip		Country	Zip		Country			8. This corporation has liability for i	ntangible tax	under s.	
24	9 Name	and Address of C	29   Current Registered Agent	30	I			Florida Statutes  10. Name and Address of New Reg			
··	a. Wallio	und radioss of c	Surrous Agon		81	Name		10. 110.110 0110 7100 1100 1100 110	10.000		
		SOCIATES INC			62	Street A	ddres	ss (P.O. Box Number is Not Acceptab	le)		
52 E SO 4030 Di					83	······································					
	D FL 3280	)1			84	City				5 Zip C	Code
			7 0500 - 1 047 4500 FI-	dela Contrata		1			<b>1</b> -1_ 1	1	
office or n agent. I a	io ine provis egistered aç m familiar w	ions of Sections 6 in the jent, or both, in the jeth, and accept the	State of Florida. Such cha obligations of, Section 61	inge was auth 7.0503, Florid	norized by a Statute:	the corp	oratio	ration submits this statement for the p n's board of directors. I hereby accep	urpose or cha t the appoint	nging it	registered registered
SIGNATURE .	Signature typed	or printed name of registe	ered agent and title if applicable	(NOTE: Re	gistered Age	int signature	regulred	when reinstating)	DATE		
12.		···	RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 12
TITLE	VD			DELETE	1.1 TITLE					Change	Addition
NAME		CHARLIE			1.2 NAME	-					
STREET ADDRESS		RNST COURT			1.3 STREET	ADDRESS					ļ
CITY - ST - ZIP	ORLAN	DO FL			1.4 CITY - S	T-ZIP					
TITLE	STD			DELETE	2.1 TITLE	ļ		T/D	Ki	Change	Addition
NAME	WENTA				2.2 NAME			RAY, BOBBI			
STREET ADDRESS	ORLAN	RNEST COURT			2.3 STREET	- 1	-	100 ERNST COURT			
CITY-ST-ZIP TITLE	STD	JO FL	——————————————————————————————————————	DELETE	2. 4 CITY-1 3.1 TITLE	ST-ZIP	<u> </u>	RLANDO, FL 32819	ভ	Change	Addition
NAME :		, VANESSA		year II.	3.1 TILLE 3.2 NAME	-	r,	/D	Ť	ersor iffe	Land Addition
STREET ADDRESS		RNST CT			3.3 STREET	ADDRESS					
CITY-ST-ZIP	ORLANI				3.4. CITY-	- 1					ŀ
TITLE	0,,00,,			DELETE	4.1 TITLE	31-24r				Change	Addition
NAME			_		4. 2 NAME	Į				•	_
STREET ADDRESS					4.3 STREET						
CITY-S1-ZIP					4.4 CITY - S	- 1					
TITLE				DELETE	5.1 TITLE					Change	Addition
NAME				İ	5.2 NAME	l					
STREET ADDRESS					5.3 STREET	ADDRESS					i
CITY-ST-ZIP					5.4 CITY - S	T-ZIP					
TITLE				DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREET	ADDRESS					
0:TV . CT 7:D					e a Pity. c	ו פול די					ĺ

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 of The receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on abattachment with an address.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

18197

**FILED** 

Apr 18 1997 8:00am

Secretary of State

704-19:13

Daytime Phone # 0015809