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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000039987 (7)

MINTON ROAD SERVICE CENTER, INC.

Principal Place of Business Mailing Address										 	1110 10110 10101 11	1151 1 00 4 1 00 4	
5164 MINTON ROAD PALM BAY FL 32907					5164 MINTON ROAD PALM BAY FL 32807					DO NOT WRITE IN THIS SPACE			
										Date Incorporated or Qualifie 05/06/1997	ed		
2. Principal Place of Business					2e. Mailing Address					4. FEI Number		[]A	pplied For
21				26						59-344531	1	N	lot Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired	· 🗆		Additional
22				27								lequired	
23	City & State			28	City & State			'	Election Campaign Financing Trust Fund Contribution) May Be ∣to Fees	
	Zip	Country			Zip Coun		Country	,	8. This corporation owes or has paid the cu		urrent year In	rrent year Intangible	
24			25	29		30				Personal Property Tax due J			□No
			and Address of C	urrent Regis	stered Agent			г.,	1	IO, Name and Address of New	Registere	d Agent	
AMERILAWYER CHARTERED							81	Name					
343 ALMERIA AVENUE							82	Street A	Address	(P.O. Box Number is Not Accep	otable)		
	CO)ral gabli	ES FL 33134				83		· · · · · ·	·····			- -
							63						
							84	City				85 Zip	Code
44	Purcuant	to the provis	ione of Sections 60	0502 and 6	NOT 1508 Florid	ta Statutos II	no abou	namod o	corporal	tion submits this statement for the	Li Oppurose	of changing i	ite registered
"	office or r	regi ste red ag	ent, or both, in the !	State of Flori	da. Such chan	ge was autho	rized by	the corpo	oration's	s board of directors. I hereby ac	cept the ap	pointment as	registered
		am tamiliar wi	th, an d a ccept the o	obligations d	it, Section 607.	usus, Fiorida	Statutes	5.					
SIG	NATURE	Signature, lyped	or printed name of register	ed agent and the	e if applicable	(NOTE Reg	istered Age	orl signature r	required wh	hen reinstating)	DATE		
12.			OFFICERS	S AND DIRE	CTORS		13.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE		PTD			DE	LETE	1.1 TOTLE			•		☐ Change	Addition
NAME	PARA MINITON BOAR				1.2 NAN								
STRE	TREET ADDRESS 5164 MINTON ROAD ATY-ST-7IP PALM BAY FL 32907						1.3 STREET ADDRESS						
	·ST · ZIP		AY FL 32907				1.4 CITY - S	T- ZiP		······································			- Livre
TITLE		SVD	CHINOTIAN		Lii DE		2.1 TITLE					Change	Addition
NAM	CANA AMATROM BOAD				2.2 NAME		1000500						
	STREET ADDRESS STORM MINITURE ROAD PALM BAY FL 32907							ADDRESS					
TITLE		17601101	AT I E OLOGI		□ DE		2. 4 CITY - ! 3.1 TITLE	51-ZIP		· - · - · · · · · · · · · · · · · · · ·		Change	Addition
NAME							3.2 NAME	ļ					
	ET ADDRESS						3.3 STREET	ADDRESS					
CITY-	-ST-21P						3.4 CITY-5	31-ZIP					
TITLE	-			,	☐ DE		4.1 TITLE					Change	Addition
NAME	:						4. 2 NAME						
STREE	ET ADDRESS						4.3 STREET	ADDRESS					
CITY-	ST-ZIP		<u> </u>	<u> </u>			4.4 CITY - S	T-ZIP					
TITLE					☐ DE	LETE	5.1 TITLE					☐ Change	Addition
NAME	:	ŀ					5.2 NAME						
STREE	ET ADORESS]	5.3 STREET	ADDRESS					
	ST-ZIP	<u> </u>					5.4 CITY - S	T-ZIP				TT 61	4 (100
TITLE	J				☐ DE		6.1 TITLE	ļ				Change	Addition
NAME	ì						62 NAME						
STREE	ET ADDRESS	:				1	63 STHEET	ADDRESS					

14. Thereby 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 each; 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.

جميدا سار

MOIL DOG (PAU)

FILED

Jan 20 1998 8:00am

Secretary of State