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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S37222**

1. Corporation Name

MINT CARDS INC.

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90150 017 \*\*\*150.00



Principal Place	of Business	Mailing Address				I I HADINGEN IMM ISTRI STOREN INDIA LEGIA (191 graf);	81611 51811 61611 A	
10139 NW 3 PL	,	10139 NW 3 PL						
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071			33071			DO NOT WRITE IN THI	C CDACE	
						3 Date Incorporated or Qualifed	O OPMUE	
{						03/08/1991		}
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
<u> </u>	labe of publicus	26				65-0246587		t Applicable
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc.			·		\$8.75	Additional
22		27	÷		±	5. Certifcate of Status Desired	Fee Re	equired'
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	-	untry		8. This corporation owes the current year l		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		100	<u></u>	10. Name and Address of New Registered	d Agent	
6CH	III 70 MICUAEI 0			81	Name			
	ULZE, MICHAEL E.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
10139 NW 3 PL CORAL SPRINGS FL 33071				-				
COM	AL SPRINGS PL 33U/ I			83				Ì
}	•			84	City		85 Zip (	Code
				1 [	•	F		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida S	Statutes, the	above-	named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	registered   egistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505	5, Florida Sta	tutes	110 001 001 0100	110 000,2 07 0110000707 1 110.000, ====0p+ 1110 ==p		•
SIGNATURE	•							
	Signature, typed or printed name of registered ag		(NOTE: Registere	ed Agent a	signature required	f when reinstating) DATE		
12.						APPRICATION AND ADDRESS TO OFFICE DO	NO SUDESTA	DC B140
		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	VTS	ND DIRECTORS	E 1.11	TITLE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO ☐ Change	DRS IN 12 ☐ Addition
TITLE NAME	VTS SCHULZE, MICHAEL E.		E 1.11	TITLE NAME		ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS	VTS SCHULZE, MICHAEL E. 10139 NW 3 PL		E 1.11 1.21 1.33	TITLE NAME STREET A	ADDRESS	ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SCHULZE, MICHAEL E. 10139 NW 3 PL CORAL SPRINGS FL	☐ DELET	E 1.11 1.21 1.33 1.44	TITLE NAME STREET A		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	VTS SCHULZE, MICHAEL E. 10139 NW 3 PL CORAL SPRINGS FL P		E 1.11 1.21 1.33 1.40 TE 2.11	TITLE NAME STREET A CITY-ST-		ADDITIONS/CHANGES TO OFFICERS A		
TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME	VTS SCHULZE, MICHAEL E. 10139 NW 3 PL CORAL SPRINGS FL P SCHULZE, GLORIA J. ,	☐ DELET	1.11 1.21 1.33 1.46 TE 2.11 2.21	TITLE NAME STREET A CITY-ST-: TITLE NAME	ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VTS SCHULZE, MICHAEL E. 10139 NW 3 PL CORAL SPRINGS FL P SCHULZE, GLORIA J., 10139 N.W. 3RD PLACE	☐ DELET	E 1.1 1.2 1.3 1.4 6 1.4	TITLE NAME STREET A CITY-ST- TITLE NAME STREET A	ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SCHULZE, MICHAEL E. 10139 NW 3 PL CORAL SPRINGS FL P SCHULZE, GLORIA J. ,	DELET	E 1.11 1.21 1.33 1.40 1E 2.11 2.21 2.33	TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VTS SCHULZE, MICHAEL E. 10139 NW 3 PL CORAL SPRINGS FL P SCHULZE, GLORIA J., 10139 N.W. 3RD PLACE	☐ DELET	E 1.11 1.21 1.31 1.44 2.11 2.21 2.33	TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VTS SCHULZE, MICHAEL E. 10139 NW 3 PL CORAL SPRINGS FL P SCHULZE, GLORIA J., 10139 N.W. 3RD PLACE	DELET	E 1.1 1.2 1.3 1.4 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	TITLE  NAME  STREET A  CITY-ST-  TITLE  NAME  STREET A  CITY-ST-  TITLE	ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition ☐ Addition
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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: