

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 180169 (5)

1. Corporation Name
MINGO, INC.



Principal Place of Business

Mailing Address

2433 SEGOVIA AVENUE
P.O. BOX 5824
JACKSONVILLE FL 32217
US

2433 SEGOVIA AVENUE
P.O. BOX 5824
JACKSONVILLE FL 32217
US

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent

OSSI, ALEXANDRA M
2433 SEGOVIA AVENUE
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicant

IF THE Registered Agent Signature is not being changed

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ADELE R		2. NAME	
STREET ADDRESS	1864 RIVER ROAD		3. STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE, FL 00000		4. CITY- ST- ZIP	
TITLE	VPSD	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSSI, ALEXANDER M		22. NAME	
STREET ADDRESS	2433 SEGOVIA AVENUE		23. STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE, FL 00000		24. CITY- ST- ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, PAULA M		32. NAME	
STREET ADDRESS	1447 LOGAN CIRCLE		33. STREET ADDRESS	
CITY- ST- ZIP	MARIETTA, GA 00000		34. CITY- ST- ZIP	
TITLE	TD	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MADELINE G		42. NAME	
STREET ADDRESS	1244 INDEPENDENCE WAY		43. STREET ADDRESS	
CITY- ST- ZIP	MARIETTA GA		44. CITY- ST- ZIP	
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME	
STREET ADDRESS			53. STREET ADDRESS	
CITY- ST- ZIP			54. CITY- ST- ZIP	
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *Alexandra M. Ossi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 904 7337991
DATE FILED

CR2E034 (12/95)