

**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 Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

OSSI, ALEXANDRA M  
2433 SEGOVIA AVENUE  
JACKSONVILLE FL 32217

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 Not Registered Agent Signature, separate document required)

(Date)

12. OFFICERS AND DIRECTORS

TITLE [ ] DELETE

VD  
NAME MOORE, ADELE R  
STREET ADDRESS 1864 RIVER ROAD  
CITY- ST- ZIP JACKSONVILLE, FL 00000

TITLE [ ] DELETE

VPSD  
NAME OSSI, ALEXANDER M  
STREET ADDRESS 2433 SEGOVIA AVENUE  
CITY- ST- ZIP JACKSONVILLE, FL 00000

TITLE [ ] DELETE

PD  
NAME MOORE, PAULA M  
STREET ADDRESS 1447 LOGAN CIRCLE  
CITY- ST- ZIP MARIETTA, GA 00000

TITLE [ ] DELETE

TD  
NAME MOORE, MADELINE G  
STREET ADDRESS 1244 INDEPENDENCE WAY  
CITY- ST- ZIP MARIETTA GA

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [ ] Change [ ] Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. TITLE [ ] Change [ ] Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY- ST- ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY- ST- ZIP

33 TITLE

34 NAME

35 STREET ADDRESS

36 CITY- ST- ZIP

37 TITLE

38 NAME

39 STREET ADDRESS

40 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)