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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 419832

(1)

MINTON SUN INTERNATIONAL INC

FILED
May 15 1997 8:00am
Secretary of State

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2000 N KINGS	ice of Business	Ma	illing Address		•	* (# 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 #	MIN MANIT BINGS WANTED	
P.O. BOX 670 FT. PIERCE F)	P.O	0 N KINGS HWY . BOX 670 PIERCE FL 34954-06	ewn				
TI. PIENUE F	°L 34 304	FI.	FICHUE PL 34804-00	oru		Date Incorporated or Qualified 02/26/1973	3a. Date of Las	
2. Poncipal	Place of Business	26.	Mailing Address			4. FEI Number		Applied For
1		26	**************			59-1456581		Not Applicab
Suite, Apr	et #, ctc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	5 Additional Required
City & Sta	ate		City & State			6. Election Campaign Financing	\$5.0	00 May Be
3		28				Trust Fund Contribution		ed to Fees
Zip	Country	L-,	Zip	— ·¬	untry	8. This corporation has liability for in		er s. 199.032,
<u> </u>	[25]	29		30	T		Yes No	
	9. Name and Address of Curre	nt Regist	erea Agent		81 Name	10. Name and Address of New Reg	istered Agent	
	NTON, O.R.				10	HN L. MINTON		
	01 S 11TH ST				82 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
FO	RT PIERCE FL 33450				49	05 4TH STREET		
					83			
					84 City		85 7	Zip Code
						RO BEACH		2962
S GNATURE	Stgriature, typical or printed name of registered a					dired when reinstating)	9/97 DATE	
2.	OFFICERS AI	DIRE.L	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Chan	
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	MINTON, JOHN L				HAME			
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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 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 attacking the with an address.

4/29/97

561-464-3502

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

561-464-3502

Daytime Frione #