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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 526086** 

(4)

MI-NAN, INCORPORATED

| Principal Place of Business Mailing Address 2145 STIRLING ROAD 2145 STIRLING ROAD FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 333 |  |  | OAD   |                                     |   |  |                                    |                             |
|---|--|--|---|-------------------------------------|---|--|------------------------------------|-----------------------------|
|   |  |  |   |                                     |   | 3. Date Incorporated or Qualified 02/17/1977   | 3a. Date of Last R<br>05/28/1996   | eport                       |
| 2. Principal F  | Place of Business  | 2a. Mailing Addr   | ess   |                                     | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 4. FEI Number 59-1728578   | <del></del>                        | oplied For<br>of Applicable |
| Suite, Apt  | #, etc.  | Suite, Apt. #,   | etc.  |                                     |   | 6. Certificate of Status Desired   |                                    | Additional<br>equired       |
| Crty & Sta  | le .   | City & State   |   |                                     |   | Election Campaign Financing     Trust Fund Contribution                              | \$5.00<br>Added                    | May Be<br>to Fees           |
| Zip<br><b>24</b>  | Country 25   | <i>Z</i> ip<br><b>29</b>   | 30  | Country                             |   | 8. This corporation has liability for in Florida Statutes                            | intangible tax under s<br>Yes ☐ No | . 199.032,                  |
|   | 9. Name and Address of Ci  | urrent Registered Agent  |   |                                     |   | 10. Name and Address of New Re   | gistered Agent                     |                             |
|   | SPER, NANCY  |  |   | 81                                  | Name                                    |  |                                    |                             |
| 214   | is stirling RD   |  |   | 62                                  | Stroot Ado                              | ress (P.O. Box Number is Not Acceptab  | va)                                |                             |
| FT.   | LAUDERDALE FL 33312  |  |   |                                     | Oliobi Add                              | reas (1.0. box 14th box is 14th Acceptate  | no)                                |                             |
|   |  |  |   | 83                                  |   | · · · · · · · · · · · · · · · · · · ·  |                                    |                             |
|   |  |  |   | ليا                                 |   | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>                                     | ····                               |                             |
|   |  |  |   | 84                                  | City                                    |  | FL 85 Zip                          | Code                        |
| office or<br>agent 1 a  | to the provisions of Sections 607<br>registered agent, or both, in the<br>am familiar with, and accept the o | 7.0502 and 607.1508, Florid<br>State of Florida. Such chan<br>obligations of, Section 607. | da Statutes, t<br>ge was autho<br>0505, Florida | he above<br>orized by<br>a Statutes | named cor<br>the corpora<br>s.          | poration submits this statement for the pation's board of directors. I hereby accept | urnose of changing it              | is registered<br>registered |
| SIGNATURE   | Signature typing or printed name of register   | ed agent and little if applicable  | (NOTE: Rec                                      | gistered Age                        | int signature requ                      | ired when reinstating)   | DATE                               |                             |
| 12.   | OFFICERS   | S AND DIRECTORS  | T   | 13.                                 |   | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIRECTOR                   | IS IN 12                    |
| TILE  | V  | ☐ DELETE   |   | 1.1 TITLE                           |   |  | ☐ Change                           | S IN 12                     |
| NAME  | GASPER, MARK   |  |   | 1,2 NAME                            |   |  |                                    |                             |
| STREET ADDRESS  |  |  | 'n  | 1.3 STREET                          | ADDRESS                                 |  |                                    |                             |
| 0/1Y - \$1 - Z/P  | FT. LAUDERDALE FL  |  |   | 1.4 CiTy - S                        | T-ZIP                                   |  |                                    |                             |
| TITLE   | STO  | 10   | LETE  | 2.1 TITLE                           | ······································  |  | Change                             | Addition                    |
| NAME  | GASPER, NANCY  |  | ľ   | 2 2 NAME                            | Ì                                       |  |                                    |                             |
| STREET ADDRESS  | 2921 NE 55TH PL  |  | J   | 23 STREET                           | ADDRESS                                 |  |                                    |                             |
| CHY-ST-ZIP  | FT. LAUDERDALE FL FL 3   | 13308  | 1   | 2. 4 City - 1                       |   |  |                                    |                             |
| THE   | P  | DI   | LETE  | 3.1 TITLE                           | ="                                      |  | Change                             | Addition                    |
| NAME  | GASPER, MICHAEL  | <u> </u>   | J   | 3.2 NAME                            | 1                                       |  |                                    |                             |
| ETBELL AUTOUSS  | OLAS OTIDI INO DO  |  | 1   | 2 2 270557                          | ADDRECC                                 |  |                                    |                             |

6.4 CITY-ST-ZIP 14. 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

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

54 CITY-ST-ZIP

**6.3 STREET ADDRESS** 

3.4. CITY-ST-ZIP

4.1 TITLE

4 2 NAME

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-S1-ZIP

STREET ADDRESS

CHY-ST-7IP

CITY - ST - 710

TILLE NAME

THUE

TITLE

NAME

FT. LAUDERDALE FL

DELETE

DELETE

DELETE

**FILED** 

May 12 1997 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

Addition