

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840755 (3)

1. Corporation Name:
MINTO DEVELOPMENTS INC.



Principal Place of Business 4400 WEST SAMPLE ROAD SUITE 200 COCONUT CREEK FL 33073 US	Mailing Address 4400 WEST SAMPLE ROAD SUITE 200 COCONUT CREEK FL 33073-3473 US
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3. Date Incorporated or Qualified 06/01/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1820966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

GREENBERG, MICHAEL
4400 SAMPLE ROAD
SUITE 200
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, ROGER	1.2 NAME	
STREET ADDRESS	4400 W SAMPLE ROAD SUITE 200	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN, NADEEM	2.2 NAME	
STREET ADDRESS	4400 W SAMPLE ROAD SUITE 200	2.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	2.4 CITY - ST - ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, JOHN	3.2 NAME	
STREET ADDRESS	4400 W SAMPLE ROAD SUITE 200	3.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	3.4 CITY - ST - ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, ERIC	4.2 NAME	
STREET ADDRESS	4400 W. SAMPLE ROAD, STE. 200	4.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	4.4 CITY - ST - ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, MICHAEL	5.2 NAME	
STREET ADDRESS	4400 W SAMPLE ROAD SUITE 200	5.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	5.4 CITY - ST - ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, DANIEL	6.2 NAME	
STREET ADDRESS	4400 W SAMPLE ROAD, STE. 200	6.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97
FRANK RODGERS

954-973-4490
Daytime Phone #

CR2E034 (9/96)