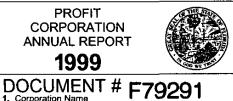
SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

MINTO MANAGEMENT SERVICES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Aug 19, 1999 8:00 am Secretary of State

08-19-1999 90014 001 ***550.00



| Principal Plac | e of Business | Mailing A | Address | | | | | | |
|--|--|------------------------------------|---------------------------------------|-------------------------|--------------|-------------------|--|---|--|
| 4400 W SAMPLI | E RD | 4400 W S | IOO W SAMPLE RO | | | | | | |
| STE 200 | | STE 200 | | | | | | | |
| COCONUT CRE | EK FL 33073 | | COCONUT CREEK FL 33073 | | | | DO NOT WRITE IN THIS SPACE | | |
| us us | | | | | | | 3. Date Incorporated or Qualified | | |
| | | | | _ | | | 04/16/1982 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | 4. FEI Number Applie | | |
| 21 | | 26 | | | | | | oplicable | |
| Suite, Apt. | #, etc. | Suite | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Addi | | |
| 22 | | 27 | | _ | | | 5. Certificate of Status Desired Fee Requir | red | |
| City & Stat | te | City & State | | | | | 6. Election Campaign Financing \$5.00 Mar | у Ве | |
| 23 | | 28 | | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | | Cou | ntry | | 8. This corporation owes the current year | | |
| 24 | 25 | 29 | | 30 | | | Intangible Personal Property. Yes No | 0 | |
| | 9. Name and Address of Curren | t Registered | Agent | | | | 10. Name and Address of New Registered Agent | | |
| | | | | | 81 | Name | | | |
| GREENBERG, MICHAEL | | | | | | | | | |
| 4400 W SAMPLE RD | | | | | 82 | Street Add | eet Address (P.O. Box Number is Not Acceptable) | | |
| STE 200 | | | | | 83 | | | | |
| COCONUT CREEK FL 33073 | | | | | | | | | |
| } | | | | ĺ | 84 | City | 85 Zip Code | e | |
| | | | | | | <u> </u> | oration submits this statement for the purpose of changing its register | | |
| office or agent. I | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida. Su ations of, secti | ich change was a ion 607.0505, Flo | uthorized rida Stati | i by utes | the corporat | tition's board of directors. I hereby accept the appointment as register | ereu | |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if applica | ble. (NO | TE: Register | red A | gent signature re | equired when reinstating) DATE | | |
| 12. | OFFICERS AN | D DIRECTOR | RS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | IN 12 | |
| TITLE | VD | | DELETE | 1.1 111 | LE | | Change | Addition | |
| NAME | JOANISSE, PHILIPPE | | | 1.2 NA | ME | | | | |
| STREET ADDRESS | 4400 W SAMPLE RD, STE 200 | | | 1.3 STF | REET. | ADDRESS | | | |
| CITY-ST-ZIP | COCONUT CREEK, FL 00000 | | | 1.4 CIT | TY_ST. | | | | |
| TITLE | PD | | DELETE | 2.1 TIT | | | Change | Addition | |
| NAME | GREENBERG, MICHAEL | | □ bereie | 2.2 NA | | 1 | Change | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | . | | | | | | | |
| STREET ADDRESS | 4400 W SAMPLE ROAD, STE 2 | JU | | | | ADDRESS | | | |
| CITY-ST-ZIP | COCONUT CREEK, FL 00000 | | | 2.4 CIT | | -ZIP | | 1 | |
| TITLE | ST | | DELETE | 3.1 TIT | | | Change | Addition | |
| NAME | RODGERS, FRANK | | | 3.2 NA | ME | | | | |
| STREET ADDRESS | 4400 W SAMPLE RD ST 200 | | | 3.3 STF | REET | ADDRESS | | | |
| CITY-ST-ZIP | COCONUT CREEK FL | | | 3.4 CIT | TY-ST | -ZIP | | | |
| TITLE | | | DELETE | 4.1 TIT | ΓLE | | Change | Addition | |
| NAME | | | | 4.2 NA | ME | | | | |
| STREET ADDRESS | | | | 4.3 ST | REET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CiT | | | | | |
| TITLE | | | DELETE | 5.1 TIT | | | Change | Addition | |
| NAME | | | - DELETE | 5.2 NA | | | Change | | |
| ſ | | | | | | ADDRESS | | | |
| STREET ADDRESS | | | | 1 | | | | | |
| CITY-ST-ZIP | | | | 5.4 CIT | | -ZIP | | 1 | |
| TITLE | į | | DELETE | 6.1 TŧT | LΕ | ļ | Change | Addition | |
| NAME | 1 | | | 6.2 NA | MΞ | 1 | | | |
| STREET ADDRESS | <u> </u> | | | 6.3 STF | REET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CIT | TY-ST | :-ZIP | | | |

14. I 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 eath; 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: