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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

MELIN	DA BUSH, INC.					
Principal Place	of Business	Mailing Address			i Doubl Dirin Gold Di	
2875 S. OCEAN BLVD. SUITE 200 PALM BEACH FL 33480		2875 S. OCEAN BLVD. SUITE 200 PALM BEACH FL 33480		Date Incorporated or Qualified 3a. Date of Last Report		
2. Principal Pl	ace of Business	On Mailing Add		01/13/1995	No	· g · · · g · · · · · · · · · · · · · ·
	S. Ocean Blvd.	2a. Mailing Address 26 2875 S. Oc	ean Blvd.	4. FET Number APPLIED FOR 65-0	05//007	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Cuit Diva.		9	Not Applicab 8.75 Additional
2 Suite		27 Suite 200		5. Certificate of Status Desired		Fee Required
City & State		Orty & State		6. Election Campaign Financing		\$5.00 May Be
3 Palm :	Beach, FL Country	28 Palm Beach		Trust Fund Contribution	LJ	Added to Fees
334			Country 30 Palm Beach	8. This corporation has liability for T Florida Statutes	intangible tax ur 3 - □ No	nderis 199.032,
	9. Name and Address of Curre		Tarm beach	10. Name and Address of New F		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324			83 84 City	ress (P.O. Box Number is Not Acceptat	F1 85 Zip Code	
Pursuant t	o the provisions of Sections 607.050	02 and 607.1508 Florida Statut	tes the above names conver	cution submits this statement for the pur	· · · · · · · · · · · · · · · · · · · 	and the second second section
familiar wit SIĞNATURE _	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo th, and accept the obligations of, Sei Signature, typed or printed name of registered age	ction 607.0505, Florida Statute:	s.	ration submits this statement for the pure of directors, I hereby accept the app	pose of chang r cintment as regi	ng Its registered offic stered agent. I am
familiar wit SIĞNATURE _ 12.	th, and accept the obligations of, Sci Signature, typed or philled name of registered ago OFFICERS AI	ction 607.0505, Florida Statute:		ro of directors, I hereby accept the app	spose of changing ointment as regional to the contract of the	stered agent. I am
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cath; that I am an officer or director of the corporation of the reverse of appears in Block 12 or Block 13 if changed, or on an attach in it with an SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING.

March 16/ (407) 793-2869