

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90007 038 ***150.00

DOCUMENT # F96000006430

1. Corporation Name
MINOS MANAGERS, INC.

Principal Place of Business
1450 S. DIXIE HIGHWAY
BOCA RATON FL 33432

Mailing Address
1450 S. DIXIE HIGHWAY
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/09/1996

4. FEI Number
65-0711487

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 14 S. SWINTON AVE
Suite, Apt. #, etc.

2a. Mailing Address
26 14 S. SWINTON AVE
Suite, Apt. #, etc.

22 City & State
23 DELRAY BEACH, FL

27 City & State
28 DELRAY BEACH, FL

24 Zip
33444

29 Zip
33444

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITHER, ROBERT M JR
1450 S. DIXIE HIGHWAY
BOCA RATON FL 33432

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
14 S. SWINTON AVE
83
84 City
DELRAY BEACH FL 85 Zip Code
33444

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
PC
NAME
FREAKLEY, EDWIN M
STREET ADDRESS
200 CARTER'S GROVE LANE
CITY-ST-ZIP
LYNCHBURG VA 24503

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
DVST
NAME
SMITHER, ROBERT M JR
STREET ADDRESS
1450 S. DIXIE HIGHWAY
CITY-ST-ZIP
BOCA RATON FL 33432

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
14 S. SWINTON AVE
DELRAY BEACH, FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SMITHER, JR 4/27/99 (561) 243-2400

CR2E034 (11/98)