

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

|                                      |                                                                                                                                                                                       |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CORPORATION<br>ANNUAL REPORT<br>1995 |  FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morthorn<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

DOCUMENT # **K45014** (3)

1. Corporation Name  
**MINI PONKAN ROAD, INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 MAR 22 PM 4: 09

|                                                                                                             |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>% JANE GENNARO</b><br><b>2269 LEE ROAD</b><br><b>WINTER PARK FL 32789</b> | Mailing Address<br><b>% JANE GENNARO</b><br><b>2269 LEE ROAD</b><br><b>WINTER PARK FL 32789</b> |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                    |               |                           |               |                                                                                                                                                             |                                              |
|------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business<br>21                                                                                               |               | 2a. Mailing Address<br>26 |               | 3. Date Incorporated or Qualified<br><b>11/09/1988</b>                                                                                                      | 3a. Date of Last Report<br><b>05/01/1994</b> |
| Suite, Apt. #, etc.<br>22                                                                                                          |               | Suite, Apt. #, etc.<br>27 |               | 4. FEI Number<br><b>59-2976693</b>                                                                                                                          | Applied For<br>Not Applicable                |
| City & State<br>23                                                                                                                 |               | City & State<br>28        |               | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                                      |                                              |
| Zip<br>24                                                                                                                          | Country<br>25 | Zip<br>29                 | Country<br>30 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                              |                                              |
| 9. Name and Address of Current Registered Agent<br><br><b>GENNARO, JANE</b><br><b>2269 LEE ROAD</b><br><b>WINTER PARK FL 32789</b> |               |                           |               | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |

|                                                       |             |
|-------------------------------------------------------|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name                                               |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | 85 Zip Code |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P                           | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PALM, RUSSELL</b>        | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>KAJA SENIOR 114</b>      | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>CURACAO, NETH. ANTIL</b> | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                             | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                             | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                             | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                             | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                             | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                             | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                             | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                             | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                             | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                             | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                             | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                             | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                             | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                             | 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Russell O. L. Palm* *February 23, 1995*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year