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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

Principal Place of Business

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K56417

Mading Address

MINCO PROPERTIES, INC.

FILED
May 14 1997 8:00am
Secretary of State

854 SHORE RO NORTH PALM I US		654 SHORE ROAD North Palm BCH FL US	33408-3728										
							3. Date Incorporated or Qualified 01/06/1989 3a. Date of Last Report 05/01/1996					porl	
2. Principal PI	ace of Business	2a. Mailing Address					4.	FEI Number	-		Apr	olied For	
21		26						65-0092680				Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	<sub>1</sub>				5.	Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	9	City & State		·			6. (	Election Campaign Financing				May Be	
23		28					I	Trust Fund Contribution			dded te		
Zip	Country	Ζφ	<u>}</u>	untry	1			This corporation has liability for i			der s.	199.032,	
24	25	[29]	30]	Τ			1	Florida Statutes La Name and Address of New Re	Yes _		——-		
1 111 1	9. Name and Address of Currer	nt Hegistereo Agent		81		Name	10.	Name and Address of New Ne	giatereu z	(Beilt			
	, PEGGY			Į.		Name							
	B CENTRAL INDUSTRIAL DR.			82	S	Street Addres	ss (P.	<ul> <li>O. Box Number is Not Acceptab</li> </ul>	le)				
RIVI	ERA BEACH FL 33404			83									
				84	C	City			FL	85	Zip C	Code	
SIGNATURE	Signature, typed or protect name of registered ag	ent and filt of applicable	(NOTE Register		end s	sig sature required		reinstating) DDITIONS/CHANGES TO OFFIC	DAH ERS AND	DIRE	CTOR	S IN 12	
TITLE	PD OFFICERS AN	DELETE		HILE		·· <del>··</del> · · · · ·		DOMONONA NACO TO OTTO	2110 /1110	C		Addition	
NAME	WEISS, M.M.			NAME							•		
STREET ADDRESS	654 SHORE ROAD			STREET	1 ADI	DRESS							
CITY-ST-ZIP	NORTH PALM BEACH FL	/	1.4	CHY-S	S1-2	np							
TITLE	VP	DELETE	21	1111.6						CI	iange	Addition	
NAME	Weyuker, Ben L.		22	NAME									
STREET ADDRESS	654 SHORE ROAD		23	STREE	[ AD[	DRESS							
CITY-ST-ZIP	NORTH PALM BEACH FL			CITY -	S1 - 7	ZiP				777.0		1 112	
TITLE		DELETE		1011						انا ليا	hange	Addition	
NAME				NAME		1							
STREET ADDRESS				STREE		-							
CITY-ST-ZIP		DELETE		CHY-	S1 - 2	ZIP		**************************************			hanne	Addition	
TITLE		0.00		NAME	c c						8	,	
STREET ADDRESS						ORESS							
				CITY									
CITY-ST-ZIP TITLE		DELETE		TITLE	<u> </u>					C	nange	Addilio	
NAME			. 1	NAME									
STREET ADDRESS						DRESS							
CITY-ST-ZIP			5.4	CITY-	\$1 - <i>1</i>	7if*							
TITLE		DELETE		1111.6						☐ C	hange	Additio	

6.2 NAME

6.4 CHY+S1-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 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.

MM (1354) 2024