

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L20661**

1. Corporation Name
Minilik Remp, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

10/16/89

3a. Date of Last Report

2. Principal Place of Business
21 **5401 Kirkman Road**

2a. Mailing Address
26 **5401 Kirkman. Road**

4. FEI Number
59-2969934

Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22 **Suite 725**

Suite, Apt. #, etc.
27 **Suite 725**

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

City & State
23 **Orlando, Florida**

City & State
28 **Orlando, Florida**

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

Zip
24 **32819**

Country
25 **Orange**

Zip
29 **32819**

Country
30 **Orange**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
Khatib, Rashid A.

82 Street Address (P.O. Box Number is Not Acceptable)
5401 Kirkman Road

83
Suite 725

84 City
Orlando, FL

85 Zip Code
32819

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

Rashid A. Khatib

4/22/96

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ DELETE

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 119.07(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:

Rashid A. Khatib **4/22/96** **407-354-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SG 5-1-96

CR2E034 (12/95)