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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L44701

(5)

MINTEK CORPORATION

SIGNATURE:

| Principal Place 2196 MAIN STE STE 1 DUNEDIN FL 34 | REET | | 2196 MAIN STREET STE 1 DUNEDIN FL 34698-5850 | | | | | |
|---|--|---------------------------|--|--|---|---|------------|-----------------------|
| US | | US | US | | 3. Date Incorporated or Qualified 01/24/1990 | or Qualified 3a. Date of Last Report 02/20/1996 | | |
| · · · · · | ace of Business | 28. Mailing Address | | | 4. FEI Number | 1 00/20/ | Ap | oplied For |
| 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | Suite, Apt. #, etc. | | | 59-2999696 | | | ot Applicable |
| 22 27 | | <u>├</u> ─┐ | n '' | | 5. Certificate of Status Desired | | | Additional equired |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | П | | May Be |
| 23 Zip | Country | 28 | Countr | у | 8. This corporation has liability for | | under s | to Fees . 199.032, |
| 24 | 25 | 29 | 30 | | | Yes 🔲 | | |
| 10- | 9. Name and Address of Current | Registered Agent | 81 | Name | 10. Name and Address of New Re | gistered Age | <u>int</u> | |
| HUTTON, JAMES L. 1463 STURBRIDGE COURT | | | | | | | | |
| DUNEDIN FL 34697 | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptal | ole) | | |
| | | | 83 | 1 | · · · · · · · · · · · · · · · · · · · | ···· | | |
| | | | 84 | City | | FL | 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607 0502 | and 607.1508, Florida Sta | itutes, the above | l re-named corp | oration submits this statement for the | ourpose of ch | anging i | ts registered |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | |
| SIGNATURE | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| 12. | Signature typical or protect name of registered agen OFFICERS AND | ······ | NOTE Registered A | jent signature require | ed when reinstating) ADDITIONS/CHANGES TO OFFI | DATE CERS AND D | RECTOR | R\$ IN 12 |
| THILE | Р | DELETE | 1.1 TITLE | | | | Change | Addition |
| NAME | HUTTON, JAMES L. | | 1.2 NAME | | | | | |
| STREET ADDRESS | 1463 STURBRIDGE CT. | | 1.3 STREET ADDRESS | | | | | ; |
| CITY - S1 - ZIP | DUNEDIN FL | | 1.4 CITY- | ST-Z#P | · | | [a]. | |
| TITLE | V NUTTON LIND E | ☐ DELETE | 21 TITLE | | | L. | Change | L. Addition (|
| NAME ATTICL LE DISCO | HUTTON, LIND E 315 OLD OAK CIRCLE | | 2 2 NAME | Y | | | | 1 |
| STREET ADDRESS | PALM HARBOR FL | | | T ADDRESS | | | | |
| CITY ST ZIP | V CALIFORNIA III | DELETE | 2.4 CITY 3.1 TITLE | 31-28 | | _ | Change | Addition |
| NAME | MINTZ, BRIAN L | | 3.2 NAME | | | • | , | |
| STREET ADDRESS | 2824 COUNTRYSIDE BLVD #31 | 12 | 1 | T ADDRESS | | | | 1 |
| Chin - 21 - 5h | CLEARWATER FL | | 3.4 CITY | | | | | |
| TITLE | \$ | DELETE | 4.1 TITLE | | | | Change | ☐ Addition |
| NAME | HUTTON, SHIRLEY J | | 4 2 NAM | | | | | Į |
| STREET LADORESS | 1463 STURBRIDGE COURT | | 4.3 STREE | T ADDRESS | | | | |
| CHY ST-ZIP | DUNEDIN FL | | 4.4 CITY - | ~~~ | ************************************** | | 1 22 | |
| TITLE | AMARY CATHERNIC I | DELETE | 5.1 TITLE | | | L, | Change | L. Addition |
| NAME | MINTZ, CATHERINE L. | | 5.2 NAME | Í | | | | } |
| STREET ADDRESS | 1480 GULF BLVD #309 CLEARWATER FL | | | T ADDRESS | | | | |
| CITY - \$1 - 7IP | OLEANWAIEN PL | DELETE | 5.4 CITY- | | | | Change | Addition |
| TITLE | | Utilit | 6.1 TITLE | The state of the s | | L | 1 ruguye | L Addition |
| NAME OTOGET ADDRESS | | | 6.2 NAME | 1 | | | | ł |
| STREET ADDRESS | | | 6.3 STREI | TADDRESS | | | | Ī |

CITY-ST-ZIP

14. If 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 oath; that I are an ottoer 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 attachagent with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR