

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29466 (0)

1. Corporation Name
MINNORA PROPERTIES, INC.



Principal Place of Business C/O SCOTTIA TURST CO. (BAHAMAS) P.O. BOX N-3016 NASSAU, BAHAMAS	Mailing Address C/O SCOTTIA TURST CO. (BAHAMAS) P.O. BOX N-3016 NASSAU, BAHAMAS
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1990	
21		26		4. FEI Number 98-0048253	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANATION FL 33324				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
				FL	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAINGER, STEPHEN J.	1.2 NAME	
STREET ADDRESS	P.O. BOX N-3016 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GAIL V.	2.2 NAME	
STREET ADDRESS	P.O. BOX N-3016 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNQUEST, PETER N.	3.2 NAME	
STREET ADDRESS	P.O. BOX N-3016 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINGHAM, C DIANNE	4.2 NAME	
STREET ADDRESS	P.O. BOX N-3016 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	4.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIAN, MARIA A	5.2 NAME	
STREET ADDRESS	P.O. BOX N-316 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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[Signature]

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.

SIGNATURE: *GAIL JOHNSON* *[Signature]* 18 MARCH 1998.

CR2E034 (10/97)