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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Sociretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P31278

(5)

MINI AND	INFORMATION	SYSTEMS	INC
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		Mailing Artdress			
10351 WEST 70TH STREET EDEN PRAIRIE MN 55344		10361 WEST 70TH STREET EDEN PRAIRIE MN 55344			
				3. Date Incorporated or Qualified 10/05/1990	3a. Date of Last Report 02/13/1995
2. Principal Pla	te of Business	2a. Multing Address		4. FEI Number	Applied For
21		26		41-1412937	Not Applicable
State Apt. #	, etc	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntang-ble tax under s. 199 032.
24	25 9. Name and Address of Curr	29 29 Agent	30	Florida Statutes X Yes  10. Name and Address of New Re	
280 WE SUITE 2 LONGW	OOD FL 32779	W. W. 1765 1766 1771 178	83 50 84 Orty L	weuson, C. Terry  closes (P.O. Box Number is Not Acceptable)  15 WCK: Va Springs  U: te 222  Ougwood  orange submits this statement for the purport	FL 85 Zip Code 32779
or registere	d agent, or both, in the State of Flo i, and accept the obligations of, Sc	orda. Such change was authoriz	ed by the corporation's bo-	ard of directors. Thereby accept the appo	intrnent as registered agent. Lam
SIGNATURE		and the second second			
	opar en spectro privazione e striglesce las OFFICERS A		Fit. Foljestere (Again) signative requir		CATE CERS AND DIRECTORS IN 12
12.	OFFICERS A	IND DIRECTORS	tit fedjetënetApolisgost otrope 13.	reflater missurg ADDITIONS/CHANGES TO OFF:	
12.	OFFICERS A		13.		CERS AND DIRECTORS IN 12
12. Title NAME	OFFICERS A	ND DIFFECTORS  RETERE	13. 1 1 Tif. f		CERS AND DIRECTORS IN 12
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4. I do hereby certry that the information supplied with this fling 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 indicates on this annual report or supplemental annual report is true and abourate and that my signature shall have the same legal effect as if made under cartly that I am an officer or director of the corporation or true 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 our an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED JAMES OF SIGNING OFFICER OR DIRECTOR

2-1-94

407-682-5335

CR2E034 (12/95)