SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000032859 (9)

1. Corporation Name
MINK COMPUTER SERVICES, INC.

Principal Place of Business	Mailing Address
6671 WEST INDIANTOWN RD. STE. 56. BOX 339 JUPITER FL 33458	6671 WEST INDIANTOWN RD. STE. 56. BOX 339 JUPITER FL 33458

3. Date Incorporated or Qualified: 05/04/1993
3a. Date of Last Report: 07/20/1995
4. FEI Number: 65-0412489 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MINK, BONNIE L
2367 IDA WAY
WEST PALM BEACH FL 33415-7401

10. Name and Address of New Registered Agent

81 Name: Mink, Bonnie L
82 Street Address (P.O. Box Number is Not Acceptable): 6671 West Indiantown Rd.
83 Ste 56 Box 339
84 City: Jupiter FL 85 Zip Code: 33458

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: Bonnie L. Mink [signature] DATE: 7/18/96

12. OFFICERS AND DIRECTORS

TITLE	DCPS	☐ DELETE
NAME	MINK, BONNIE L	
STREET ADDRESS	2367 IDA WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DVT	☐ DELETE
NAME	MINK, MARSHALL	
STREET ADDRESS	2367 IDA WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCPS	☒ Change ☐ Addition
1.2 NAME	Mink Bonnie L.	
1.3 STREET ADDRESS	6671 West Indiantown Rd. Ste 56 Box 339	
1.4 CITY-ST-ZIP	Jupiter, FL 33458	
2.1 TITLE	DVT	☒ Change ☐ Addition
2.2 NAME	Mink Marshall	
2.3 STREET ADDRESS	6671 West Indiantown Rd. Ste 56 Box 339	
2.4 CITY-ST-ZIP	Jupiter, FL 33458	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Bonnie L. Mink — 7/18/96 — (561) 964-5501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #