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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADORESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000032859 (9)

MINK COMPUTER SERVICES, INC.

									A 1411 HATA
Principal Place of Business Mailing Address						I (BB) I BB) (IB BB IIII BB) IIII BB) II BB)		. IT BALL DARAN ANNA	#
8671 WEST INI STE. 56, BOX JUPITER FL 33	339	STE. 56. BOX 33	6671 WEST INDIANTOWN RD. STE. 56. BOX 339 JUPITER FL 33458-3983						
						3. Date Incorporated or Qualified 05/04/1993		ate of Last R 01/1996	eport
2. Principal P	lace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26				65-0412489 Not Applicable			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75	
22		27	·			or continuate or cranta position	<u> </u>	Fee Re	quired
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip				l l		8. This corporation has liability for it			. 199.032,
24	25 29 :			Florida Statutes Yes 10, Name and Address of New Registered A					
D 410 41		urrent Hegistered Agent		81	I M	10. Name and Address of New He	jistered	Agent	
MINK, BONNIE L				81 Name					ļ
	1 WEST INDIANTOWNROAD		82		Street Add	dress (P.O. Box Number is Not Acceptab	ıle)		
	56 BOX 339		83						
JUPITER FL 33458									
				84	City		FI	85 Zip (Code
44 655	Contract Con	20000 007 4000 51	- Cl-+ 1 1	<u>L</u> .	L				
office or r	egistered agent, or both, in the t	State of Florida. Such char	nge was authorize	d by	y the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose o at the apr	r changing its pointment as	s registered registered
agent. I a	m familiar with, and accept the o	obligations of, Section 607	.0505, Florida Sta	lules	3.	·			-
SIGNATURE							5115		
12.	Signature, typod or printed name of registered agent and tice if applicable: (NO OFFICERS AND DIRECTORS			Registered Agent signature requ		ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTOR	S IN 12
TITLE	DCPS DELETE			1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	LINDAINE	Change	Addition
NAME	MINK, BONNIE L		1.2 N					onengo	
STREET ADDRESS 6871 W INDIANTOWN RD #56 BOX 339				1.3 STREET ADDRESS					
	JUPITER FL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				l
CITY-ST-ZIP TITLE	DVT	1.4 C ELETÉ 2.11	-	1-20			Change	Addition	
NAME	MINK, MARSHALL			2.2 NAME				Last onenge	
STREET ADDRESS 6871 W INDIANTOWN ROAD STE 56 BOX 339				2.3 STREET ADDRESS					
CITY-ST-ZIP	JUPITER FL				S1-ZIP				
TITLE					31-211			Change	Addition
NAME				3.2 NAME				0-	
STREET ADDRESS					F ADDRESS				
CITY-ST-ZIP									
TITLE	DELETE			3.4. C(TY-ST-ZIP 4.1 TITLE				Change	Addition
NAME				IAME.					
STREET ADDRESS					I ADDRESS				l
CITY-ST-ZIP									
TITLE	DELETE			4.4 CITY - ST - ZIP 5.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			5.2 N						
STREET ADDRESS					I ADDRESS				
CITY-ST-ZIP					ST-ZIP				
			ELETE 6.1 T					Change	Addition
NAME			6.2 N		j				
10.27%			B.2 11		1				

14. I 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 eath; 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 Bock 13 if changed, or on an attachment with an address

6.3 STREET ADDRESS

NATURE ON SIGNANCIAL ORIGINAL MINK WALON