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Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000073557 (9)

1. Corporation Name  
MINSKI, INC.



Principal Place of Business  
1907 SE 29TH LN  
CAPE CORAL FL 33904  
US

Mailing Address  
1907 SE 29 LN  
CAPE CORAL FL 33904-4067  
US

3. Date Incorporated or Qualified 10/18/1993  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21. Suite, Apt. # etc.

22. City & State

23. Zip

24. Country

25. Suite, Apt. # etc.

26. City & State

27. Zip

28. Country

29. Suite, Apt. # etc.

30. City & State

31. Zip

32. Country

33. Suite, Apt. # etc.

34. City & State

35. Zip

36. Country

37. Suite, Apt. # etc.

38. City & State

39. Zip

40. Country

41. Suite, Apt. # etc.

42. City & State

43. Zip

44. Country

45. Suite, Apt. # etc.

46. City & State

47. Zip

48. Country

49. Suite, Apt. # etc.

50. City & State

51. Zip

52. Country

53. Suite, Apt. # etc.

54. City & State

55. Zip

56. Country

57. Suite, Apt. # etc.

58. City & State

59. Zip

60. Country

61. Suite, Apt. # etc.

62. City & State

63. Zip

64. Country

65. Suite, Apt. # etc.

66. City & State

67. Zip

68. Country

69. Suite, Apt. # etc.

70. City & State

71. Zip

72. Country

9. Name and Address of Current Registered Agent  
MINSKI, ALLEN C  
1907 SE 29TH LANE  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

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

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MINSKI, ALLEN C  
STREET ADDRESS 1907 SE 29TH LANE  
CITY - ST - ZIP CAPE CORAL FL 33904

TITLE DST ☐ DELETE

NAME MINSKI, KATHY K  
STREET ADDRESS 1907 SE 29TH LANE  
CITY - ST - ZIP CAPE CORAL FL 33904

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

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 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: Kathy K Minski Kathy K Minski

1-17-97 941-945-0042

Date

Daytime Phone #

0007002

CR2E034 (9/96)