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

PROFIT **CORPORATION ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000004158 (9)

FILED Apr 08 1998 8:00am Secretary of State

C. G. I	MINCH, INC.							
Principal Plac	e of Business	Mailing Addre	ess			4 INDUINDEL IND INDIII DIGEI BASIK ONIIH ONIIII BAIII 11	(I) (I) (I) (I) (I)	JEDI 1041 100H
831 ASHBUR	TON DR.	831 ASHBUR	831 ASHBURTON DR.					
NAPLES FL 3	33963	NAPLES FL	NAPLES FL 33863			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	SPACE	
						01/19/1994		
2. Principal P	lace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	Ar	pplied For
21		26	26			65-046 1573		ot Applicable
Suite, Apt.	#, etc	Suite, Apt	Suite, Apt #, etc.					Additional
22		27	· • · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired	Fee Re	equired
City & State	9	├ ─┐ '	Cily & State			6. Election Campaign Financing	\$5.00	May Be
23]	T 6	28		<u> </u>		Trust Fund Contribution		to Fees
24]	Country 25	Zip	30	Country ว	<i>,</i>	8. This corporation owes or has paid the cu		
29	9. Name and Address of Curre	29 29 Ager		'		Personal Property Tax due June 30. 10. Name and Address of New Registered		No
144	NCH, GEORGE			81	Name	10. Hanne and regulate or How Dayleteled	- Rem	
	1 ASHBURTON DR.							
	PLES FL 33863			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
14/	0 EEO 1 E 00000			63				
				ļ	ļ <u>. </u>			
				84	City	FL	85 Zip (Code
11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-nar office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or profest name of registered agent and title of applicable (NOTE: Registered Agent sor						neh 3-2	of changing it cointment as	s registered registered
12.		ID DIRECTORS	(NOTE HE	13.	ont signature require	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	OC IN 10
TITLE	D		DELETE	1.1 TITLE	Prese	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	MINCH, CLARA			1.2 NAME	,,,	,		
STREET ADDRESS	RESS 831 ASHBURTON DR.		1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	NAPLES FL 33863			1.4 CITY-ST-ZIP				
TITLE	D DELETE		DELETE	2.1 TITLE			Change	Addition
NAME	MINCH, GEORGE			2.2 NAME				i
STREET ADDRESS	831 ASHBURTON DR		2.3 STREET		ADDRESS			ł
CITY-ST-ZIP	NAPLE FL 33863			2.4 CITY-	ST-ZIP			
TITLE			DELETE	3.1 TITLE			Change	Addition
NAME				32 NAME	ļ			}
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-5	ST - ZIP			
TITLE		L	DELETE	4.1 TITLE			Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET				
CITY-ST-ZIP			DELETE	4.4 CITY - S	T-ZIP		7-4 -	
TITLE		LJ	DELETE	5.1 TITLE			Change	L. Addition
NAME PTREET ADDRESS				5.2 NAME				
STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP TITLE		Т	DELETE	5.4 CITY-S	I-ZIP		Change	Artellian
NAME		L	DELLIE	6.1 TITLE			Change	L. Addition
STREET ADDRESS			Į.	6.2 NAME	1000500			
CITY-ST-ZIP				6.3 STREET				
	ertify that the information supplied w	rith this filing does n	of qualify for th	6.4 CITY-S		Section 119 07(3)(i) Florida Statutes I further or	erlifu that the	information

Indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 attrichment with an address