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

PROFIT CORPORATION ANNUAL REPORT



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FLORIDA DEPARTMENT OF STATE

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90089 018 ***150.00

DOCUMENT # PAY (0000 SI 180°) 1. Corporation Name						
Mina	of Forest City, Inc	. .				
6801	Forest City Road	Mailing Address	<u></u>			
Urlaj	gdo, FL 32810				DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualifed	
2. Principal Place of Business 2a. Mailing Address 2b. 6901 Forest City Boad 2c. Mailing Address 2c. 6901 Forest City			r C:+	u Dood	4. FEI Number	Applied For
21 6801 Forest City Road 26 6801 Forest Ci			LCIL	y Koau	59-3277353	\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
₂₃ Orlar	ndo, FL	28 Orlando, Fl			Trust Fund Contribution	Added to Fees
Zip	Country	Zip Country			8. This corporation owes the current year	Intangible
24 32810		29 32810	30	<u>USA</u>	Personal Property Tax.	X Yes [No
	9. Name and Address of Curre	ent Registered Agent		ne 11	10. Name and Address of New Registere	d Agent
Kamil Gowni				81 Name		
6801 Forest City Road				82 Street	Address (P.O. Box Number is Not Acceptable)	
Orlando, FL 32810			}	83		
or runc	.0, 12 02010			03		İ
•			Ţ	84 City	F	85 Zip Code
agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig	altops of, Section 607.0505, Flor	rida Statu	tes.	oration's board of directors. I hereby accept the app	ointment as registered
12.	OFFICERS A	ND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
IIIIE	President	☐ DELETE	1,1 T(T)	LE	· ···	[] Change [] Addition
NAME	Kamil Gowni		1.2 NA	ME		
STREET ADDRESS			1.3 STF	REET ADDRESS		
CHY-ST-ZIP			_	Y-ST-ZIP		
TITLE		☐ DELETE	2 1 TITI			[_] Change = [_] Addition
NAME:			2 2 NA			
STREET ADDRESS			4	REET ADDRESS		
CITY-\$1-ZIP		☐ DELETE		Y-ST-ZIP		[]Change []Addition
NAME			3.1 TITU 3.2 NAI			1*Louwide Luminian
CITY-\$1-7IP				Y-ST-ZIP		
THIE		☐ DELETE	4.1 TITI			[] Change [] Addition
NAME			4. 2 NA			ا المرا والتاليوا
STREET ADDRESS				REET ADORESS		
CITY-\$1-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL			[]Change []Addition
NAME			5.2 NAM	Æ !		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP				/-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL	1		[] Change [] Addition
NAME			6.2 NAM			
STORET ADDORESS			63 STR	FET ANDRESS		

14. I 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, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP