

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2: 02

DOCUMENT # **P94000063603 (2)**
MINOR, INC.

PLEASE WRITE IN THIS SPACE

1. Name of Corporation	2. Mailing Address
MINOR, INC.	
3. Name and Address of Registered Agent	4. Name and Address of New Registered Agent
WILLIAM D. HORVITZ 1 E. BROWARD BLVD., #1101 FT LAUDERDALE FL 33301	WILLIAM D. HORVITZ 1 E. BROWARD BLVD., #1101 FT LAUDERDALE FL 33301

3. Date of Report or Calendar Year	3a. Date of Last Report
08/29/1994	
4. FFI Number	Approved For
65-0528511	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for intangible tax under S. 190.03, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office Address	2a. Mailing Address
21. State Apt. # or	26. State Apt. # or
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

HORVITZ, WILLIAM D
1 E. BROWARD BLVD.
#1101
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.01(3) and 607.01(4) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the named agent in both of 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 this office. 607.01(4) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. NAME	D HORVITZ, WILLIAM D	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	1 E. BROWARD BLVD., #1101	2. STREET ADDRESS	
3. CITY	FT LAUDERDALE FL 33301	3. CITY	
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct and that my signature shall have the same legal effect as if made under oath. That I am a sole officer of the corporation or the receiver of the corporation empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report as an alteration with an address.

SIGNATURE *William D Horvitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR)
William D Horvitz

4-2-95 (30) 23, 1995