

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000088569 (6)

1. Corporation Name

MINCHEW & COMPANY, INC.

FILED

95 JUL 21 PM 12:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/02/1994

4. FBI Number

65-0544885

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1901 BRICKELL AVENUE

2a. Mailing Address

26 1901 BRICKELL AVENUE

Suite, Apt. #, etc.

22 SUITE 1505-B

Suite, Apt. #, etc.

27 SUITE 1505-B

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33129

Country

25 DAPE

Zip

29 33129

Country

30 DAPE

9. Name and Address of Current Registered Agent

GORDON, HOWARD W
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

SCOTT R. MINCHEW

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

1901 Brickell Avenue, Suite 1505-B

83

84 City

MIAMI

FL

85 Zip Code

33129

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Scott R. Minchew

SCOTT R. MINCHEW

7/8/95

(Signature, typed or printed name of registered agent and time of appointment)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHOEN, MARK
STREET ADDRESS	9002 S.W. 152 ST.
CITY - ST - ZIP	MIAMI FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND REGISTERED AGENT

11 TITLE	DIRECTOR	☒ Change ☐ Addition
12 NAME	HAROLD R. MINCHEW	
13 STREET ADDRESS	4 BLACK HAWK TRAIL	
14 CITY - ST - ZIP	SAVANNAH, GA. 31411-2844	
21 TITLE	NINA B. MINCHEW	☐ Change ☒ Addition
22 NAME	DIRECTOR	
23 STREET ADDRESS	4 BLACK HAWK TRAIL	
24 CITY - ST - ZIP	SAVANNAH, GA. 31411-2844	
31 TITLE	PRESIDENT	☐ Change ☒ Addition
32 NAME	HAROLD R. MINCHEW	
33 STREET ADDRESS	4 BLACK HAWK TRAIL	
34 CITY - ST - ZIP	SAVANNAH, GA. 31411-2844	
41 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
42 NAME	F. THOMAS GODART	
43 STREET ADDRESS	330 ISLE CAY	
44 CITY - ST - ZIP	FORT LAUDERDALE FL. 3301	
51 TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
52 NAME	NINA B. MINCHEW	
53 STREET ADDRESS	4 BLACK HAWK TRAIL	
54 CITY - ST - ZIP	SAVANNAH, GA. 31411-2844	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Harold R. Minchew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD R. MINCHEW, PRESIDENT

July 5, 1995

912-598-8075

(daytime) (home)

CR2E034 (3/95)