	_							_	
		NOW	CHI IN	C EEE	AFTER		40T 10	€EE∩	ΛΛ
ril	. C	IACAA:	FILIN	G FEE	AFIER	MAI	13113	JOOU.	.vu

			·				
COF ANNU	PROFIT RPORATION JAL REPORT 1999	FLORIDA DEPART  Katherine  Secretary  DIVISION OF CO	Harris				
DOCUI	MENT # P95 0000	SOURT 21 - CH 21 - LT					
1. Corporation	n Name	\$3.8 721 (00)					
MINI	DERMERE MANAC	ement Inc	•				
				7/11/11/2 LCAL	) iX		
Principal Plac	e of Business	Mailing Address					
1644 I	MPERIAL PALM DR.	E RD.					
APOPK	A FLORIDA	DO NOT WRITE IN THIS SE	PACE				
' '		ORLANDO .	32835	3. Date Incorporated or Qualifed			
3271		1 a 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		JANUARY 9, 1995			
	tace of Business IMPERIAL PALM DR	2a. Mailing Address	HIAINACCEE RE	4. FEI Number 59 - 3379 498	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1111011-300 111	1	\$8.75 Additional		
22		27 PMB # 317	<u> </u>	5. Certificate of Status Desired	Fee Required		
City & State		City & State  ORLANDO	FLORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	This corporation owes the current year Intangent	gible		
24 3271		29 32B35 30	USA	Personal Property Tax.	Yes 🖎 No		
<del></del>	9. Name and Address of Current F	Registered Agent	81 Name	10. Name and Address of New Registered Ag-	ent		
SAVI	TRI SINGH		S1	AVITRI SINCH			
1644	IMPERIAL PALM	DR.	82 Street Addre	SESTING PRINCE PROPERTY OF THE PRINCE			
APOI			83				
321			84 City	- I	85 Zip Code		
		and 607 1508 Etorida Statutes	the above named cover	oration submits this statement for the purpose of cha	32712,		
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	orized by the corporatio	n's board of directors. I hareby accept the appointment	ent as registered		
SIGNATURE	Sambie Surch	SAVITRI	SINGIT	June	19 199		
12.	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE: Re	gistered Agent signature required 13.	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I	DIDECTORS IN 42		
TITLE	PRESIDENT OFFICERS AND I	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition		
NAME **		)	1.2 NAME				
STREET ADDRESS		ALM DRIVE	1.3 SYREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	1.4 CiTY-ST-ZIP 2.1 TiTLE		] Change		
NAME	SECRETARY	EJ DECETE	2.1 IIILE 2.2 NAME	0000029145	307		
STREET ADDRESS	SAVITAL SINGH	~~ 0000pp	2.3 STREET ADORESS	-06/24/99010	077821		
CITY-ST-ZIP	1644 IMPERIAL PAI	M DR APOPKA	2.4 CITY-ST-ZIP	****158.75 *			
TITLE		∐ DELETE	3.1 TITLE	C:	] Change		
NAME STREET ADDRESS		•	3.2 NAME 3.3 STREET ADORESS		İ		
CITY-ST-ZIP			34 CITY-ST-ZIP				
TITLE		☐ DELETE	4 1 TITLE	T.	Change Addition		
NAME			4.2 NAME		}		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADORESS		ļ		
CITY-ST-ZNP TITLE		☐ DELETE	5.4 City-St-ZiP 6.1 Title		Change Addition		
NAME			6.2 NAME	1.			
STREET ADDRESS			63 STREET ADDRESS	Ť	18		
CITY-ST-ZIP	ortify that the information available with a	his filing does not qualify for the	64 City-St-ZiP	ordion 119 07/2)(i) Floride Statutes   further	that the information		
indicated o	on this annual report or supplied with t	mual report is true and accurate	and that my signature	ection 119.07(3)(i), Florida Statutes. I further certify shall have the same legal effect as if made under or	ath; that I am an		

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 ar 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. SAUTTRE SINCH

SIGNATURE:

June 19/99 407-342-0094