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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000011137 (3)

## MINDESIGN LIMITED CORPORATION

				1	1168  1166  1186  1187
	ce of Business	Mailing Address		)	
2903 STONELAND LANE 2903 STONELAND LANE					
SARASOTA FL \$4231		SARASOTA FL 34231 US		DO NOT WRITE IN THIS SPACE	
}		~ ^		3. Date Incorporated or Qualified	
<u> </u>	. <u>-</u>	- 1/6/2-1	0210	02/06/1995	
2. Principal P	Place of Business	20. May 99 Addiffss	2714	4. FEI Number	Applied For
21		26 / 0/04		65-0615237	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat		27	1-7/		Fee Required
<b>⊢</b> `	е		19 Th	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
<b>23</b>     Zip	Country	28 44	Country	Trust Fund Contribution      This corporation owes or has paid the	Added to Fees
24	25	29 39630	10 /S/T	Personal Property Tax due June 30.	Z Yes No
	9. Name and Address of Curre		1401	10. Name and Address of New Register	
BERENDS, MICHAEL J 2903 \$TONELAND LANE SARASOTA FL 34231			81 Name		
			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			OZ Sirest Addi	ress (1.0. Dox Muniper is Not Acceptable)	
		83			
1			84 City		85 Zip Code
					<u> </u>
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing its registered
agent. I a	im familiar with, and accept the oblig	lations of, Section 607.0505, Flor	da Statutes	I A	60
SIGNATURE	Mark	///			or 98
12,	Stoneture, typed or printed name of registroid	ont and title # app cable (NOTE) ID DIFFECTORS	Registered Agent signature requi	red when reinstating) DAT  ADDITIONS/CHANGES TO OFFICERS A	E NID DIRECTORS IN 12
TITLE	D OFFICERS AIN	DELETE	- 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS /	Change Addition
NAME	BERENDS, MICHAEL	_ profit	1.2 NAME		
STREET ADDRESS	2903 STONELAND LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	9,44,001,112	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		-
STREET ADDRESS			2.3 STREET ADDRESS	<b>44</b>	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TrillE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	. 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	:		5.4 CITY-ST-ZIP		
TITLE	- -	☐ DELETE	61 THLE		☐ Change ☐ Addition
NAME	- -		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 C/(Y-S)-7/2		

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 attachannt with an address:

SIGNATURE.

Windsen

/ Nor 98 (941) 9257200

**FILED** 

Jul 15 1998 8:00am

Secretary of State