Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90103 014 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

MINIMIN	WOTORSPORTS GROUP, I	ING.					
Principal Place	e of Rusiness	Mailing Address					OR THE STATE OF
•		•					
2532 HIBISCUS DR 1811 RENDY RD EDGEWATER FL 32132 NEW SMYRNA BEACH FL 321 US							
					DO NOT WRITE IN THIS SPACE		
		•			3. Date Incorporated or Qualifed		
					02/21/1995		
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number		Applied For
21		26			59-3302612		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		A		\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee	Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23 28			ده خیر مین د چاره په سپد.		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	y	8. This corporation owes the current year	ntangible	
24	25	— ,	30		Personal Property Tax.	Yes	□ No
	9. Name and Address of Curr				10. Name and Address of New Registere	d Agent	
			8.	Name			
MOR	RIN, RICH		_		C D D At the second of the sec		
1811 RENDY RD				2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	SMYRNA BEACH FL 32169		8:	3	······································		
***	011111111111111111111111111111111111111		-	`L			
			84	4 City	F	85 Zi	p Code
				بــــــــــــــــــــــــــــــــــ	oration submits this statement for the purpose		itistand
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Ag	ent signature required			
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE 1		ſ		Chang	e Addition
NAME	MORIN, RICH		1.2 NAME	:			
STREET ADORESS	RESS 1811 RENDY RD		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	IEW SMYRNA BEACH FL1		1.4 CITY-	ST-ZIP			
TITLE		☐ DELETE 2				Chang	je 📋 Addition
NAME	,		2.2 NAME	i			
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	·ST-ZIP			
TITLE _		OBLETE			and the second s	Chang	je 🔲 Addition
NAME			3.2 NAME	<u>:</u>			
STREET ADORESS				ET ADDRESS			
	\		3.4, CITY				
CITY-ST-ZIP TITLE	 	☐ DELETE	4.1 TITLE			Chang	ge
						_	, <u> </u>
NAME	Į i		4. 2 NAME	ξ.			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		C per cre	4.4 CITY-			☐ Chang	ge
TITLE	{	☐ DELETE	5.1 TITLE	3	•	□ cuang	e Li vogenou
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		····	5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE	[Chang	je 🔲 Addition

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.

6.2 NAME

6.3 STREET ADDRESS

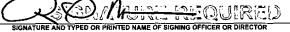
6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP



904-426-6008