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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000027162	(3)
Corporation Name		, ,

MIN COM PRO REALTY, INC.



Suite, Apt. #, etc Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/03/1995 4. FEI Number	3a. Date of La	asl Report
2. Principal Place of Business 21 1440-1 King Sley Ave., 26 Suite, Apt. #, etc. Suite, Apt. #, etc.		04/03/1995	3a. Date of La	ast Report
21 1440-1 King sley Aye, 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				
21 1440-1 King Sley Ave, 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			· h	Applied For
Suite, Apt. #, etc Suite, Apt. #, etc.	•	59-335969	6	Not Applicab
EE1		5. Certificate of Status Desired		3.75 Additional Fee Required
City & State City & State		6. Election Campaign Financing	□ \$	5.00 May Be
3 Orange Park, FC 28		Trust Fund Contribution		Added to Fees
Zip Country Zip	Country 3	8. This corporation has liability for in Florida Statutes Yes		der s. 199.032,
24 32073 25 U.S.A. 29 30 9. Name and Address of Current Registered Agent	<u></u>	10. Name and Address of New R		ıt
5, 7,4410	81 Name	lovce merr		
MERRETT, THOMAS A		ess (P.O. Box Number is Not Acceptab		
1701 GROVE PARK DR	Street Addition		ave.	
ORANGE PARK FL 32073	83	,		
	84 City		 65	Zip Code
	l Or	ange Park	<u> FL</u>	32073
 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, theor registered agent, or both in the State of Florida. Such change was authorized by 	ne above-harmed corpor vitne comporation's boar	ation subfinits this statement for the pur id of directors. I horeby accept the appo	pose of changin pintment as regis	g its registered oπ stered agent. Lam
familiar with, and accept the obligations of, Section 607.0505. Fiorida Stafutes	, ,	, , , , , ,		
SIGNATURE SIGNATURE		en e	7/3	0/96
	gistere i Aginti signature renurer 13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN 12
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O'Y. ST-ZP Orange Park, FL 32073	14 CITY - S1 - Z/P			
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N4ME	2.2 NAME			
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NAMÉ	6.2 NAME			
STREET ADDRESS	6.3 STREET ADDRESS			
CITY-ST-ZIP 1.4 I do hereby certify that the information supplied with this fring is voluntarily furnished.	6.4 C(** - ST - Z)?			

roomereby certify that the information supplied with this firing is voluntarily turnished and does not quarry for the exemption stated in Section 119.07(3)(ii), Florida Statutes. 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 trusted 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:

4/30/96 (904)264-2422