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 # P95000027162 (3)

MIN COM PRO REALTY, INC.

FILED
May 12 1998 8:00am
Secretary of State

Principal Pla	ce of Business	Mailing Address	Mailing Address			1 1001400k 110 10101 Attit 00114 00114 001		(460) 110(0 01)	HO HOLEBON	
1440-1 KING	1701 GROVE PARK DR	GROVE PARK DR								
ORANGE PARK FL 32073 ORANGE PARK FL 32073			73			DO NOT WRITE IN THIS SPACE				
US					-	3. Date Incorporated or Qualified	IN ITIS S	PAGE		٦
					- 1	04/03/1995				1
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number		- Ac	oplied For	+
21 26		26	-			59-3359696	h			,
Suite, Apt #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.						Additional	1
		27				• Certificate of Status Desired		Fee Re	equired	_]
City & State		City & State	_ '			6. Election Campaign Financing	r1		May Be	
		28				Trust Fund Contribution Added to Fees				
Zip 24	Country Ζιμ 25 29		30	_		8. This corporation owes or has pa		- · -	tangible 7 No	1
24]	9. Name and Address of Curren	29 it Registered Agent	_ <u> 30}</u>			Personal Property Tax due June 10. Name and Address of New Re				-
10	DYCE MERRETT			81 Name				3 ****		1
1440-1 KINGSLEY AVE.				00 ()	Addes	750 5 16-1				╣
ORANGE PARK FL 32073			ĺ	82 Street	Address	Address (P.O. Box Number is Not Acceptable)				1
		*		83						1
				B4 City				Tec 7:-	Code	4
				City			FL	85 Zip (Code	
office or	to the provisions of Sections 607.0503 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was	s authorized	by the core	corpora poration	ation submits this statement for the p 's board of directors. I hereby accep	urpose of out the appo	changing it intment as	s registered registered	1
SIGNATURE	and the same of the constant of the constant	110000, 00000, 1	TORGO CHUIC	100.						
BIGNATORE	Signature, typod or ponied name of registered age-	if and title if applicable (No	OTE: Registered	Agent signature	required v	when re-instating)	DATE			_ ≼
12.	OFFICERS AND		13.		T == ==	ADDITIONS/CHANGES TO OFFIC] 9
TITLE	PST NOT NEDDETT	L_) DELETE	1.1 TIT		75	mariath	ŀ	Change	Addition	1
NAME JOYCE MERRETT			1.2 NAME		70	yce merrett 16 Fall brook (+				2
STREET ADDRESS 1701 GROVE PARK DR.			1.3 STREET ADDRESS			16 12 10 10 10 10 10 10 10 10 10 10 10 10 10	300	. 7 3		ļŭ
CITY-ST-ZIP TITLE	ORANGE PARK FL			1.4 CITY-ST-ZIP C		range Park, FL	7 2	Change	Addition	٩į
NAME	_ otten			22 NAME			L	Change	L_J Addition	
STREET ADDRESS				REET ADDRESS	1]
CITY-\$1-ZIP				Y - \$1 - ZIP		;	1			1
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NAME	Ì		3.2 NA		l		•			1
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City-St-Zip			3.4. CI	Y-ST-ZIP						
TITLE		DELETE	4.1 TIT	.E			T	Change	☐ Addition	1
NAME			4. 2 NA	ME						
STREET ADDRESS	1		4.3 S1F	EET ADDRESS	ĺ					
CITY-ST-ZIP			4.4 CIT	Y - ST - ZIP						
TITLE	DELETE		5.1 TIT	5.1 TITLE			1	Change	Addition	1
NAME			5.2 NA	ME ([
STREET ADDRESS			5331	FFT ADDRESS						
CITY-ST-ZIP			5.4 CIT	Y-S1-ZIP	<u> </u>					
TITLE		DELETE	6.1 T(T	.E			Т	Change	Addition	1
NAME			6.2 NA	AE.	1					
STREET ADDRESS			6.3 STF	EET ADORESS	[
CITY-ST-ZIP	<u> </u>			Y-ST-ZIP	L					1
I. I. Libereby	certify that the information supplied wi	itu tuis tilinn does not ciua lify.	for the eye	nntion state	art in Sev	ction 119 07(3)(i) Florida Statutes, L	turiber ceri	atv that the	untermation	1

• In ereby certify that the information supplied with this timing does not quality for the exemption stated in Section 119.07(3)(), 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:

Joya

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