

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # P95000052135 (7)

1. Corporation Name
MINN AND FITZ INC.



Principal Place of Business: 5670 S 38TH COURT GREENACRES FL 33463
Mailing Address: 5670 S 38TH COURT GREENACRES FL 33463

3. Date incorporated or Qualified: 07/06/1995
3a. Date of Last Report
4. FEI Number: 65-0588773
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite Apt. #, etc.
27 City & State
28 Zip
29 Country
30

g. Name and Address of Current Registered Agent

MINNICK, TONI
5670 S 38TH COURT
GREENACRES FL 33463

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent. If not applicable, leave blank.

Signature typed or printed name of registered agent. If not applicable, leave blank.

(Date)

12. OFFICERS AND DIRECTORS
TITLE: President
NAME: Toni Minnick
STREET ADDRESS: 5670 S. 38th Ct.
CITY-ST-ZIP: Greenacres, Fl 33463
TITLE: V.P.
NAME: Tom Fitzpatrick
STREET ADDRESS: 14543 67th N.
CITY-ST-ZIP: Loxahatchee, Fla 33470
TITLE: Soc.
NAME: Jim Fitzpatrick
STREET ADDRESS: 14543 67th N.
CITY-ST-ZIP: Loxahatchee, Fla 33470
TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
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29. TITLE
30. NAME
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33. TITLE
34. NAME
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37. TITLE
38. NAME
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41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY-ST-ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY-ST-ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY-ST-ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-ST-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

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[Handwritten signature]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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: *Toni Minnick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

CR2E034 (12/95)