

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** Applied For: Not Applicable
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 City: 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 applicable

Signature typed or printed name of new registered agent, if applicable

(Date)

12. OFFICERS AND DIRECTORS

TITLE: **President** DELETE
NAME: **Toni Minnick**
STREET ADDRESS: **5670 S. 38th Ct.**
CITY-ST-ZIP: **Greenacres, Fl 33463**

TITLE: **V.P.** DELETE
NAME: **Tom Fitzpatrick**
STREET ADDRESS: **14543 67th N.**
CITY-ST-ZIP: **Loxahatchee, Fla 33470**

TITLE: **Soc.** DELETE
NAME: **Jim Fitzpatrick**
STREET ADDRESS: **14543 67th N.**
CITY-ST-ZIP: **Loxahatchee, Fla 33470**

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition
2. NAME: Change Addition
3. STREET ADDRESS: Change Addition
4. CITY-ST-ZIP: Change Addition
5. TITLE: Change Addition
6. NAME: Change Addition
7. STREET ADDRESS: Change Addition
8. CITY-ST-ZIP: Change Addition
9. TITLE: Change Addition
10. NAME: Change Addition
11. STREET ADDRESS: Change Addition
12. CITY-ST-ZIP: Change Addition
13. TITLE: Change Addition
14. NAME: Change Addition
15. STREET ADDRESS: Change Addition
16. CITY-ST-ZIP: Change Addition
17. TITLE: Change Addition
18. NAME: Change Addition
19. STREET ADDRESS: Change Addition
20. CITY-ST-ZIP: Change Addition

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Handwritten signature: Toni Minnick

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)