

2000 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 19, 2000 8:00 am
Secretary of State

04-03-2000 90165 023 ***150.00

DOCUMENT # P95000052135

1. Entity Name

MINN AND FITZ INC.

Principal Place of Business

**725 BROWARD ST.
 WEST PALM BEACH FL**

Mailing Address

**5670 S. 38TH CT.
 GREENACRES FL 33463-3235**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0588773

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FROST, RONALD W
 2854 FLORAL RD.
 LANTANA FL 33462**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Toni Minnick **PRESIDENT**

4-28-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MINNICK, TONI	
STREET ADDRESS	5670 S. 38TH CT.	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	T	<input type="checkbox"/> Delete
NAME	MINNICK, TONI	
STREET ADDRESS	5670-S. 38TH CT.	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KING, STEVE L	
STREET ADDRESS	1125 RHAPSODY WAY	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Toni Minnick **PRESIDENT**

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-00

CR2E034 (9/99)