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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069495 (6)

MINK ENTERPRISES INC.

Principal Place of Business

Mailing Address

2436 NW 45 LANE GAINESVILLE FL 32605 P.O. BOX 4175 GAINESVILLE FL 32613-417

FILED Mar 13 1997 8:00am Secretary of State



| | | GAINESVILLE FL 32613-41 US | 170 | | | | | | |
|--|--|--------------------------------|---|--|---|----------------------|------------------|------------------------------|----------------------------|
| | | | | | 3. Date Incorp 09/07/19 | | | Date of Last F 05/01/1996 | Report |
| 2. Principal Place of | | 2a. Mailing Address | | | 4. FEI Number | | | | oplied For |
| 21 14903 | | | | | 59-3334 | 1919 | | | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate o | f Status Desi | red 🗆 | | Additional equired |
| City & State | C, | City & State | · | | 6. Election Car | npaign Finar | icing | \$5.00 | May Be |
| 23 ALACIA | JA TL | 28 | g = | | Trust Fund (| Contribution | | | to Fees |
| Tip 2 2 / | Country | Zip | Cour | itry | 8. This corpora | alion has liab | ility for intang | _/ | . 199.032, |
| 24) 2/61 Y | | [29] | 30 | | Florida Statu | | ☐ Yes | No No | |
| | Name and Address of Current | Registered Agent | | 81 Name | 10. Name and | Address of f | lew Register | ed Agent | |
| MINK, CA | | | | Name | | | | | |
| 2436 NW | | | | 82 Street | Address (P.O. Box Num | | cceptable) | | |
| GAINESV | ILLE FL 32605 | | - | B3 1 1 1 | 903 HW | 121 |) Ean | | |
| | | | | | | | • | | |
| | | | [| B4 City | ^ | | | L 85 Zip | Code L615 |
| 11 Pursuant to the | provisions of Sections 607.0502 | and 607 1508 Florida Statut | ne tha ah | Norman-ovo | TUAGIOA | e etatement f | - | e et changing i | re 15 |
| office or register | red agent, or both, in the State o | f Florida. Such change was a | authorized | by the cor | poration's board of direc | ctors. I hereb | y accept the | appointment as | registered |
| | iliar with, and accept the obligat | ions of, Section 607.0505, Flo | orida Stati | ites. | | | | | 1 |
| SIGNATURE Signatur | o, typod or printed name of registered agent | And title if applicable (NO1 | : Registered | Agent signature | e required when reinstaling) | | DVI | | |
| 12. | OFFICERS AND | | 13. | | TO THE PERSON AND PARTY OF THE PERSON AND PROPERTY AND PARTY. | HANGES TO | | AND DIRECTOR | 3S IN 12 |
| TITLE PD | | DELETE | 1.1 7(1) | | | | | Change | Addition |
| | W A10 | | | | Ł | | | / | |
| NAME MIN | ik, carl | | 1.2 NA | ΑF | _ | | | | |
| | ik, Carl 18 NW 45TH LANE | | | ME Eet address | 14903 NW | 121 9 | Enn | | |
| STREET ADDRESS 243 | | | 1.3 \$TF | | 14903 NW | 121 9 Fr 3 | Enn 2615 | | |
| STREET ADDRESS 243 | 8 NW 45TH LANE | DELFTE | 1.3 \$TF | EF1 ADDRESS Y-S1-ZIP | 14903 NW ALACHUA | 121 9 Fr 3 | Enn 2615 | Change | Addition |
| STREET ADDRESS 243 CITY-ST-ZIP GA | 8 NW 45TH LANE | DELFTE | 1.3 STF 1.4 CIT | EF1 ADDRESS Y-ST-ZIP | 14903 NW ALACHUA | 121 7 FL 3 | Enn 2615 | Change | Addition |
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| STREET ADDRESS 243 CITY-ST-ZIP GA | 8 NW 45TH LANE | | 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF | EFT ADDRESS Y-ST-ZIP E | 14903 NW ALACHUR | 121 g Fr 3 | Enn 2615 | | Addition |
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