FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DISION OF CORPORATIONS

FILEU SEGRETARY OF STATE FYISION OF CORPORATIONS

99 OCT -6 AM IO: 32

DOCUMENT #	P95000077473
1 Corporation Name	

MINNOW MC.

Pani gall Plans of Business	Mailing Address	REINSTATEVENT DO NOT WRITE IN THIS S
		3. Date Incorporated or Qualifed 10/02/95

4. FEI Number Applied For
nd St. 65-0614654 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.
10. Name and Address of New Registered Agent
Name Gregory G. Farrelly
So Catal fomo & farrelly
506 Louisa St.
City 85 Zip Code
111111111111111111111111111111111111111

Pursuant to the provisions of Sections 607,0502 and 607,1508 Florida Statutes, the above-named corporation-submits this statement for the purpose of changing its registered office or registered agent. I be provisionally supported 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, plorida Statutes.

SIGNATURE	herong of Jamely	10/0	10/04/99		
Signature, ty	·		required when reinstating) DATE	10.0100.000	
12	GETICENS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
f	☐ DELETE	1.1 TITLE	P, S, T.	Change	Addition
NAME		1.2 NAME			
STREE ALURESS		1.3 STREET ADDRESS			Į
C-17-S1 Z3-	<u> </u>	1.4 CITY-ST-ZIP	Kun West, FL 33010		
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NAME		2.2 NAME	100003012 -10/12/990	10550	22
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Christize		2. 4 CITY-ST-ZIP			
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A (100		3.2 NAME			
3 623 TAT 064 2		3.3 STREET ADDRESS			
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590		4. 2 NAME			
\$1441.27 # \$85 ¹		4.3 STREET ADDRESS			
1.14-31-2		4.4 CITY-ST-ZIP			
16 LF	☐ DELETE	5.1 TITLE		Change	Addition
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1 () De		5 4 CITY-ST-ZIP	1 0		
1 1	☐ DELETE	6.1 TITLE		☐ Change	Addition
1,29	j	6.2 NAME			
		6.3 STREET ADDRESS			

14 I force by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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 the exemption of the corporation or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP