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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90235 045 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # P96000002122 (5)
 1. Corporation Name
MINANIS, INC.

Principal Place of Business

**218-APOLLO BCH BLVD
 APOLLO BCH FL 33572
 US**

Mailing Address

**218-APOLLO-BCH-BLVD
 APOLLO-BCH-FL-33572
 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 790 HARBOUR DR.

Suite, Apt. #, etc.

22

City & State

23 NAPLES, FLORIDA

Zip

24 34103

Country

25 U.S.A.

2a. Mailing Address

26 790 HARBOUR DR

Suite, Apt. #, etc.

27

City & State

28 NAPLES, FLORIDA

Zip

29 34103

Country

30 U.S.A.

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

65-0669781

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 owes or has paid the current year Intangible

Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**-PETERSON, MICHAEL L ESQ-
 218-APOLLO-BCH-BLVD-
 325-SOUTH BOULEVARD-
 APOLLO BCH FL 33572-**

10. Name and Address of New Registered Agent

01 Name

WAFAA F. ASSAAD

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

790 HARBOUR DR.

03

04 City

NAPLES

FL

05 Zip Code

34103

11. 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, 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

Wafaa F. Assaad

Signature of officer or director authorized to register agent and file if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PRES

☒ DELETE

NAME

ANIS, FOUAD

STREET ADDRESS

2841 N OCEAN BLVD #1904

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

01 TITLE

P.D.

☒ Change ☒ Addition

02 NAME

WAFAA F. ASSAAD

03 STREET ADDRESS

790 HARBOUR DR.

04 CITY - ST - ZIP

NAPLES, FL 34103

05 TITLE

V.P., S.T.D.

☐ Change ☒ Addition

06 NAME

MIKE W. ASSAAD

07 STREET ADDRESS

790 HARBOUR DR.

08 CITY - ST - ZIP

NAPLES, FL 34103

09 TITLE

D.

☐ Change ☒ Addition

10 NAME

MAGDA F. ASSAAD

11 STREET ADDRESS

790 HARBOUR DR.

12 CITY - ST - ZIP

NAPLES, FL 34103

13 TITLE

☐ Change ☐ Addition

14 NAME

15 STREET ADDRESS

16 CITY - ST - ZIP

17 TITLE

☐ Change ☐ Addition

18 NAME

19 STREET ADDRESS

20 CITY - ST - ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 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

Wafaa F. Assaad

**WAFAA F. ASSAAD
 PRES.**

APR - 8 - 98 (941) 669-7001