

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

FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000027898 (1)

1. Corporation Name
S.S. MINNOW, INC.



Principal Place of Business 512 MARGARET ST KEY WEST FL 33040	Mailing Address 512 MARGARET ST KEY WEST FL 33040-7134
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2. Principal Place of Business 21 512 Margaret St. Suite, Apt. #, etc. 22 512 Margaret St. City & State 23 Key West FL. Zip 24 33040	2a. Mailing Address 26 512 Margaret St. Suite, Apt. #, etc. 27 512 Margaret St. City & State 28 Key West FL Zip 29 33040	3. Date Incorporated or Qualified 03/25/1996	3a. Date of Last Report
Country 25 USA	Country 30 USA	4. FEI Number 65-065 6106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SEIDE, PAUL A 512 MARGARET ST KEY WEST FL 33040		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		FL	85 Zip Code

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 *Bonita D. Seide* 52497
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO SEIDE, PAUL A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDE, PAUL A	1.2 NAME	
STREET ADDRESS	512 MARGARET ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	
TITLE	VD NORWOOD, JOHN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORWOOD, JOHN	2.2 NAME	
STREET ADDRESS	100 W. 63RD ST., APT. A-2	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33050	2.4 CITY-ST-ZIP	
TITLE	STD SEIDE, BONITA F	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDE, BONITA F	3.2 NAME	
STREET ADDRESS	512 MARGARET ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 *Bonita D. Seide* 52497

CR2E034 (9/96)