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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State

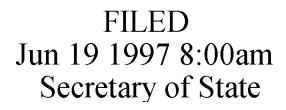
DIVISION OF CORPORATIONS

P96000027898 (1)

S.S. MINNOW, INC.

Principal Place of Business

Mailing Address





512 MARGARET ST KEY WEST FL 33010				512 MARGARET ST KEY WEST FL 33040-7134				
	BA	٥ 🚤 ۵						3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1996
2. Principal P	Place of Business	-	28.	. Mailing Address		•		4. FEI Number Applied For
21			26					Noi Applicable
Sulte, Apt. #, etc. 22 512 margaret st,				Suite, Apt #, etc. 5/2 marganet St. City & State			Sti	5. Certificate of Status Desired See Required Fee Required
City & Stat 23 Key		$\boldsymbol{\alpha}$.	28	Key West		Cl		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	' (Country	- 1=01	ZiB O O	Τ	Countr		This corporation has liability for intangible tay under s. 199.032,
24 330	40 26	USA	29	33090	30	US	A	Florida Statutes 🔲 Yes 🖫 No
	9. Name and	Address of Curre	nt Regis	stered Agent			1	10. Name and Address of New Registered Agent
	de, paul a					81	Name	e ·
512 MARGARET ST						82	Street A	ot Address (P.O. Box Number is Not Acceptable)
KEY WEST FL 33040						83	ļ	
						63		
						84	City	FL 85 Zip Code
11. Pursuant	to the provisions of	of Sections 607.05	02 and 6	07.1508. Florida Stati	utes. t	he abov	Le-namod	od corporation submits this statement for the purpose of changing its registered
l office or r	ranjetarari anont i	ar both, in the State	o of Eloria	da. Such change was f, Section 607.0505, F	s autho	orizod b	v the core	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Benit	CO 161	di,	1, 6000001 007.5505, 1	Militia	Oldidio	J.	534-97
SIGNATURE	Signature, typed or print	led name of repistered ac			OTE Reg	jistered Ag	ent signature	ure required when reinstaling) DATE
12.	1 48	OF CERS AN	ND DIREC			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DAIN			☐ DELETE		1.1 TITLE		Change Addition
NAME	SEIDE, PAUL					1.2 NAME		
STREET ADDRESS	512 MARGAR KEY WEST FU						1 ADDRESS	8
CITY-ST-ZIP	VD VD	. 33040		DELETE_		1.4 CHY-1 2.1 TITLE	S1 · Z(P	Change Addition
NAME	NORWOOD, J	IOHN	1/2	we deli	tr 1	2.2 NAME		
STREET ADDRESS	100 W. 63RD		20	was week	u		T ADDRESS	s
CITY-ST-ZIP	MARATHON P		Lin	of solver		2. 4 CITY-		
TITLE	STD			☐ DELETE		3.1 TITLE		Change Addition
NAME	SEIDE, BONIT	ΆF				3.2 NAME		
STREET ADDRESS	512 MARGAR					3.3 STREE	T ADDRESS	s
CITY-ST-ZIP	KEY WEST FL	. 33040				3.4. CITY-	S1-2IP	
TATLE				DELETE	- 6	4.1 TITLE		Change Addition
NAME]					4. 2 NAME		
STREET ADDRESS							TADDRESS	S
CITY-ST-ZIP TITLE				DELETE		4.4 C(TY -) 5.1 TITLE	SI-ZIP	Change Addition
NAME				C) beech		5.2 NAME		
STREET ADDRESS							1 ADDRESS	S
CITY-ST-ZIP					- 1	5.4 C(1Y-)	Į.	
TITLE				DELETE		6.1 TITLE		☐ Change ☐ Addition
NAME						6.2 NAME		_
STREET ADDRESS						6.3 STREE	ADDRESS	s
CITY-ST-ZIP						6.4 CITY-5	ST-ZIP	
4 4								

I do hereby 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 logal 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.