

**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

**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**

2. Principal Place of Business	2a. Mailing Address
21. <del>512 Margaret St</del>	26. <del>512 Margaret St</del>
22. Suite, Apt. #, etc. <b>512 Margaret St.</b>	27. Suite, Apt. #, etc. <b>512 Margaret St.</b>
23. City & State <b>Key West FL.</b>	28. City & State <b>Key West FL</b>
24. Zip <b>33040</b>	29. Zip <b>33040</b>
25. Country <b>USA</b>	30. Country <b>USA</b>

3. Date Incorporated or Qualified <b>03/25/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-065 6106</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 F. Seide* DATE **5-24-97**

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	SEIDE, PAUL A	
STREET ADDRESS	512 MARGARET ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NORWOOD, JOHN	
STREET ADDRESS	100 W. 63RD ST., APT. A-2	<i>He was deleted 2 wks after Corp. was opened.</i>
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SEIDE, BONITA F	
STREET ADDRESS	512 MARGARET ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 F. Seide* DATE **5-24-97**

CR2E034 (9/96)