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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 17, 1999 8:00 am Secretary of State

| 1999 | DIVISION OF CO | PORATIONS | 05-17-1999 9 | 90044 026 ***150. | 00 |
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| MINORS INTRONATIONAL, INC. | | | | | |
| | | >>4309 - 90044 - 26 * * | | | |
| | | | | | _/ |
| Principal Place of Business | Mailing Address | | | | |
| 2301 SOUTH STATE RD 7 2301 SOUTH STATE RO 7 | | | フ | | |
| <u>.</u> | | DO NOT WRITE IN THIS SPACE | | | |
| HOLLYWOOD R 3304 HOLLYWOOD R 33024 | | | 3. Date Incorporated or Qualifed | | |
| | | | 3. Date incorporated of Qualified | 96 | |
| 2. Principal Place of Business | 2a. Mailing Address | | | | pplied For |
| [21] | 2a. Mailing Address | 77-1210 | 65-0701490 | F N | ot Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 | Additional |
| | 27 | | 5. Certificate of States Desired | Fee R | equired |
| City & State | City & State 28 CARA SPRU | 6- B | 6. Election Campaign Financing | , | May Be |
| Zip Country | ZID ZID | | Trust Fund Contribution | | to Fees |
| | 29 33077 3 | BROWAR | 8. This corporation owes the cur Personal Property Tax. | rent year Intangible Yes | □No |
| 9. Name and Address of Current Re | | 0 21000/412 | 10. Name and Address of New | | |
| | | ALTON MINORS | | | |
| SALLAN & BARUETT GRP. SANVICES 82 Street Address | | ddress (P.O. Box Number is Not Accept | ES (P.O. Box Number is Not Acceptable) | | |
| 1214 N UNIVERSITY DELVE 27 1 | | MIANI GARDENS | RUADS | | |
| | - | 83 | | | |
| PLANTATION R 333 | 322 | 84 City / | | 85 Zip | Code |
| | | <i>H</i> /) | LLYWOOD | FL 3 | Code 3023 |
| | | | | | |
| office or registered agent, or both, in the State of F | Flofida. Such change was auth | norized by the corpora | ation's board of directors. I hereby acce | pt the appointment as re | gistered |
| Pursuant to the provisions of Sections 607.0502 are office or registered agent, or both, in the State of Fagent, 1 am familiar with, and accept the obligation. | | norized by the corpora a Statutes. | ation's board of directors. I hereby acce | pt the appointment as re | egistered |
| SIGNATURE & Carlon 1/1 | m | | (| pt the appointment as re | egistered |
| (2)/ 1/1/ 1/2 | d title if applicable. (NOTE: Ro | orized by the corpora a Statutes. egistered Agent signature requ 13. | (| DATE | |
| SIGNATURE Signature, typed or printed name of registered agent and 12. OFFICERS AND DITTLE PTD | d title if applicable. (NOTE: Ro | egistered Agent signature requ | uired when reinstating) | DATE | |
| SIGNATURE Signature, typed or printed name of registered agent and 12. OFFICERS AND DITTLE PTD NAME MINUTES, HOWARD | d title if applicable. (NOTE: Ri | egistered Agent signature requ | uired when reinstating) | DATE FFICERS AND DIRECTO | DRS IN 12 |
| SIGNATURE Signature, typed or printed name of registered agent and 12. OFFICERS AND E TITLE PTD NAME MINUAS, HOWARD STREET ADDRESS 6306 PIHACH ST | d title if applicable. (NOTE: RidDIRECTORS) DELETE | egistered Agent signature required. 13. 1.1 TITLE | uired when reinstating) | DATE FFICERS AND DIRECTO | DRS IN 12 |
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14. I 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 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 of on an afactment with an address, with all other like empowered.

SIGNATURE: (2)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR