

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Pg. 1 of 2

|   |  |
|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|--|

FILED

98 FEB 13 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000062778 (1)

1. Corporation Name  
ENGLISH ICM MINT, INC.



|  |  |
|--|--|
| Principal Place of Business<br>1331 S. MAIN STREET<br>GAINESVILLE FL 32601 | Mailing Address<br>1331 S. MAIN STREET<br>GAINESVILLE FL 32601 |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |                                |
|---|--------------------------------|
| 3. Date Incorporated or Qualified<br>07/26/1996   | 3a. Date of Last Report<br>NA  |
| 4. FEI Number<br>65-0682554   | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |

|   |   |
|---|---|
| 2. Principal Place of Business<br>21. 12571 Equestrian Circle<br>Suite, Apt. #, etc.<br>22. Ste #903<br>City & State<br>23. Ft. Myers FL<br>Zip<br>24. 33907<br>Country<br>25. US | 2a. Mailing Address<br>26. PO Box 101163<br>Suite, Apt. #, etc.<br>27.<br>City & State<br>28. Ft. Myers FL<br>Zip<br>29. 33906<br>Country<br>30. US |
|---|---|

9. Name and Address of Current Registered Agent  
KAVANAUGH, ROBERT G  
1331 S. MAIN STREET  
GAINESVILLE FL 32601

|  |   |
|--|---|
| 10. Name and Address of New Registered Agent |   |
| 81. Name<br>Trace English                    | 82. Street Address (P.O. Box Number is Not Acceptable)<br><del>12571 Equestrian Circle #903</del> |
| 83. City<br>Ft Myers FL                      | 84. Zip Code<br>33907   |

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/5/97

| 12. OFFICERS AND DIRECTORS |             |
|----------------------------|-------------|
| TITLE                      | NAME        |
| STREET ADDRESS             | CITY-ST-ZIP |
| TITLE                      | NAME        |
| STREET ADDRESS             | CITY-ST-ZIP |
| TITLE                      | NAME        |
| STREET ADDRESS             | CITY-ST-ZIP |
| TITLE                      | NAME        |
| STREET ADDRESS             | CITY-ST-ZIP |
| TITLE                      | NAME        |
| STREET ADDRESS             | CITY-ST-ZIP |
| TITLE                      | NAME        |
| STREET ADDRESS             | CITY-ST-ZIP |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                 |
|---|-----------------|
| 1.1 TITLE   | 1.2 NAME        |
| 1.3 STREET ADDRESS                                    | 1.4 CITY-ST-ZIP |
| 2.1 TITLE   | 2.2 NAME        |
| 2.3 STREET ADDRESS                                    | 2.4 CITY-ST-ZIP |
| 3.1 TITLE   | 3.2 NAME        |
| 3.3 STREET ADDRESS                                    | 3.4 CITY-ST-ZIP |
| 4.1 TITLE   | 4.2 NAME        |
| 4.3 STREET ADDRESS                                    | 4.4 CITY-ST-ZIP |
| 5.1 TITLE   | 5.2 NAME        |
| 5.3 STREET ADDRESS                                    | 5.4 CITY-ST-ZIP |
| 6.1 TITLE   | 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)(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  
Trace English  
11/5/97  
GAINESVILLE FL 32601

CR2E034 (4/97)

**MINT**  
Ft. Myers

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To whom it may concern:

Due to the change in address I am  
just now receiving this form. I appreciate  
your understanding in this matter.

A handwritten signature in black ink, appearing to read "Lew E.", with a long, sweeping horizontal stroke extending to the right.