FILE NOW: FILING FEE AFIEN WAT 151 15 \$000.00			
PROFIT FLORIDA DEPARTMENT OF STATE			
	CORPORATION Sandra B. Morti, and		
ANN	ANNUAL REPORT Secretary of State		
1998 DIVISION OF CORPORATIONS			
DOCUMENT # P970000 40129			98 DEC -4 AM 10: 09
Mint Enterprises, INC.			SECRETARY OF STATE TALLAHASSEE. FLORIDA
Principal Place of Business			
13/47 W WINI WI			
Orlando, FL 32808			DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
2. Principal (Place of Business 2a. Mailing Address 26		4. FEI Number 34382446 Applied For Not Applicable
Suite, Apt	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Sta	te 27 City & State		6. Election Campaign Financing \$5.00 May Be
23 Z _{ID}	28 Country Zip	Country	Trust Fund Contribution
24	25 29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name			
Keç	ginal L. Scott	82 Street Addr	ress (P.O. Box Number is Not Acceptable)
5144 W. Colonial Dr. 33			
0-1	ando F1 32808	84 City	FL 85 Zip Code
11. Pursuant office or	to the provisions of Sections 607,0502 and 607,1508, Florida Staturegistered agent, or both, in the State of Florida, Such change was	ites, the above-named corp authorized by the corporati	poration submits this statement for the purpose of changing its registered ion'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			
12.	Signature, typed or printed name of registered agent and little if applicable (NO OFFICERS AND DIRECTORS	TE. Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OFFICENS AND DIRECTORS DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	Dec not L. Scott	1 2 NAME	2000027131729
STREET ADDRESS	1007 WILL AND OUT TOTAL	1.3 STREET ADDRESS	-12/15/9801073017
CITY-ST-ZIP	1023 Willa Lake Cir. Oviedo FL	1 4 CITY-ST-ZIP	****158 75 ****158 75
TITLE	32765 DELETE	2 1 TITLE	Change Addition
NAME	•	2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP	T DECETE	2 4 CITY - ST - ZIP	The state of the s
TITLE	DELETE	31 TITLE	L_I Change 1_1 Addition t
NAME		3 2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	DELETE.	3.4. CITY - ST - ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY - ST - ZIP	
TITLE	DELETE	51 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST- ZIP		5 4 CITY - ST - ZIP	{
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY - ST- ZIP	
14. I hereby certify that the information supplied with this filling 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 correction or the receiver or trustee empowered to execut. This report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charages are an aritatehment with an address.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR DELLE Date Devime Phone is			

* I Reginal L. Scott did not receive My 98 Corporate annual Report

B. C. A.