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

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29 1998 8:00am
Secretary of State

DOCUMENT # P97000042440 (0)

1. Corporation Name
MINOLA, INC.

[redacted]

Principal Place of Business	Mailing Address
1375 JACKSON ST STE 202 FORT MYERS FL 33901	c/o Michael J. Ciccarone, Esq. Annis, MItchell PO Box 60295 Fort Myers, FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/97

2. Principal Place of Business: P.O. Box 60259	2a. Mailing Address: P. O. Box 60259	4. FEI Number: applied for	X Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: Fort Myers, Florida	City & State: Fort Myers, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 33906-6259 Country: U.S.A.	Zip: 33906-6259 Country: U.S.A.	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

STEVEN P. KUSHNER
1375 JACKSON ST STE 202
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: MICHAEL J. CICCARONE
82 Street Address (P.O. Box Number is Not Acceptable): 12800 University Drive Suite 600
83
84 City: Fort Myers FL 85 Zip Code: 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: Michael J. Ciccarone 4/16/98
Signature of officer or director of registered agent and title, if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D ☐ DELETE	11 TITLE	P/D ☐ Change X Addition
12 NAME		12 NAME	Margaret J. Miller
13 STREET ADDRESS		13 STREET ADDRESS	10501 6 Mi Cypress Pkwy Ste 108
14 CITY-ST-ZIP		14 CITY-ST-ZIP	Fort Myers, Florida 33912
21 TITLE	☐ DELETE	21 TITLE	VP/D ☐ Change X Addition
22 NAME		22 NAME	H. Georges Chami
23 STREET ADDRESS		23 STREET ADDRESS	10501 6 Mi Cypress Pkwy Ste 108
24 CITY-ST-ZIP		24 CITY-ST-ZIP	Fort Myers, Florida 33912
31 TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	600002504676
43 STREET ADDRESS		43 STREET ADDRESS	-04/29/98--01018--032
44 CITY-ST-ZIP		44 CITY-ST-ZIP	***150.00
51 TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E084 (10/97)

4.29

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, or on an attachment with an address.

SIGNATURE: H. Georges Chami, Vice Pres. 4/16/98
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE