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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90046 034 \*\*\*150.00

DOCUMENT # P97000086106

1. Corporation Name MINIMUM CEACON INC

WINNING SEASON, II	•••										
Principal Place of Business		Mailing Address		_			, 3 IQEIIQUI	15 <b>0</b> 10311 38011 60111 0	iāti) patēi aaiēi	1 <b>1</b> 111 <b>0 1</b> 11101 11011	ARYIA AIXI IAAI
7200 W CAMINO REAL					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						
							10/06/199				
2. Principal Place of Business		2a, Mailing Address					4. FEI Number			Ap	plied For
21	26						65-07880	51		· No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			c.				5. Certificate of			<b>\$8.75</b> A Fee Re	
City & State City & State			<del>-</del>			6. Election Carr Trust Fund C			\$5.00 Added t		
	Country Zip			Country 30			8. This corporat	ion owes the cu	rrent year Int	angible	□No
24 25 29  9. Name and Address of Current Registered Agent			[30]	· T		<del>-</del>	10. Name and A	<u> </u>	Registered		
9. Name and	Address of Correit	it Kegisteled Agent		81	Na	ame	10:				
FELGER, DAVID				82	St.	reet Addr	ess (P.O. Box Numb	er is Not Accen	table)		
7200 W CAMINO REAL				32	30	i eet Vaai					
S 300	400			83							
BOCA RATON FL 33	1433			84	Ci	ity		<del></del>	FL	85 Zip (	Code
11. Pursuant to the provisions of office or registered agent, o	r both, in the State (	2 and 607.1508, Florida	Statutes, the	above	e-na	med corp	oration submits this	statement for the	purpose of	changing its	registered gistered
agent. I am familiar with, an	d accept the obligat	tions of, Section 607.050	was authoriz 5, Florida St	ed by atutes	ine :	corporatio	on's board of directo	rs. I fieleby acce	spr trie appoi	nuncia do ro	9.0
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption state 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 enginature 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 eport 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, with all other the empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

☐ Addition