
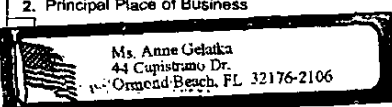
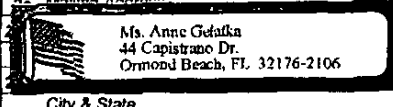


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Mar 01, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000023486			
1. Corporation Name MIAN, INC.			
Principal Place of Business 44 CAPISTRANO DRIVE ORMOND BEACH FL 32176		Mailing Address 44 CAPISTRANO DRIVE ORMOND BEACH FL 32176	
2. Principal Place of Business 		Mailing Address 	
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country
9. Name and Address of Current Registered Agent GELATKA, ANNE M 44 CAPISTRANO DRIVE ORMOND BEACH FL 32176		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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 607.0504, Florida Statutes.			
SIGNATURE <i>Anne M. Gelatka</i> <small>Signature, types or printed name of registered agent and title if applicable</small>		DATE <i>3-17-99</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
12. OFFICERS AND DIRECTORS TITLE <i>PD</i> NAME GELATKA, ANNE M STREET ADDRESS 44 CAPISTRANO DRIVE CITY-ST-ZIP ORMOND BEACH FL 32176		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <i>PD</i> 1.2 NAME GELATKA, ANNE M 1.3 STREET ADDRESS 44 CAPISTRANO DRIVE 1.4 CITY-ST-ZIP ORMOND BEACH FL 32176	
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		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Anne M. Gelatka
 ANNE M. GELATKA

3-17-99

904 441-7202

Date

Daytime Phone #

CR2E034 (1/98)