

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

FILED

Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V02974 (6)

1. Corporation Name  
MENIKS, INC.

Principal Place of Business 1161 SUN CENTURY ROAD STE 2 NAPLES FL 33963 US	Mailing Address 1161 SUN CENTURY ROAD STE 2 NAPLES FL 33963 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/01/1992	
4. FEI Number 65-0307679		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent JOHNSON, JEFFREY J. 1161 SUN CENTURY RD STE 2 NAPLES FL 33942		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 607.0505, Florida Statutes.	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	JOHNSON, JAMES M	1.2 NAME	
STREET ADDRESS	2115 IMPERIAL G C BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	COX, DAVID B.	2.2 NAME	
STREET ADDRESS	1989 IMPERIAL GOLF COURSE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	JOHNSON-COX, DAWN	3.2 NAME	
STREET ADDRESS	1989 IMPERIAL GOLF COURSE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	JOHNSON, JEFFREY J.	4.2 NAME	
STREET ADDRESS	1161 SUN CENTURY RD, STE 2	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	JOHNSON, PHYLLIS J.	5.2 NAME	
STREET ADDRESS	114 ANGUILLA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		6.2 NAME	William A. Johnson
STREET ADDRESS		6.3 STREET ADDRESS	114 Anguilla Lane
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Bonita Springs FL 33983

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when resigning) DATE: 4/6/98

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.	
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SIGNATURE: *[Signature]* 4/6/98 941-544-3232