

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 MAY -1 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/09/95--01107--014  
\*\*\*\*200.00 \*\*\*\*200.00

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 598219 (4)  
1. Corporation Name:  
**AL MILLER & ASSOCIATES, INC.**

Principal Place of Business: Maiting Arturosa  
1551 FORUM PLACE SUITE 200-B W PALM BCH FL 33401

3. Date incorporated or qualified: 12/22/1978  
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
City: 24, County: 25, Zip: 29, Country: 30

4. FEI Number: 59-1881099  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. This corporation has liability for alternate tax under S. 1391(b)(2) Florida Statutes:  Yes  No

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent  
MILLER ALFRED D  
1551 FORUM PL STE 200B  
W PALM BCH, FL  
33401

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: FL

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ALFRED D	1.2 NAME	
STREET ADDRESS	147 BAYBERRY CIRCLE	1.3 STREET ADDRESS	
CITY, STATE, ZIP	JUPITER FL	1.4 CITY, STATE, ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ALFRED D	2.2 NAME	
STREET ADDRESS	147 BAYBERRY CIRCLE	2.3 STREET ADDRESS	
CITY, STATE, ZIP	JUPITER FL	2.4 CITY, STATE, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, STATE, ZIP		3.4 CITY, STATE, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, STATE, ZIP		4.4 CITY, STATE, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, STATE, ZIP		5.4 CITY, STATE, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, STATE, ZIP		6.4 CITY, STATE, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 of this report, or on an attached sheet with an address.

SIGNATURE: *Alfred D Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-27-95 833-6618