

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **601682** (8)

95 JAN 19 AM 9:29

1. Corporation Name
MILLER, SCHWARTZ & MILLER, P.A.

Principal Place of Business Address
**4040 SHERIDAN ST
HOLLYWOOD FL 33021**

2. Principal Place of Business Address
21. State, Zip or City
22. City & State
23. Zip Country
24. 25. 26. Mailing Address
27. P.O. Box 7259
28. City & State
29. 30. 33081-1259

3. Date the corporation registered
11/17/1969

3a. Date of Last Report
01/20/1994

4. FIC Number
59-1284501

5. Certificate of State Taxed
\$8.75 Additional Fee Required

6. Election Campaign Financing
\$5.00 May Be Added to Fees

7. This corporation has liability for unreported tax under Florida Statutes

9. Name and Address of Current Registered Agent
**SCHWARTZ, JOSEPH L.
4040 SHERIDAN ST.
HOLLYWOOD FL 33021-0536**

10. Name and Address of New Registered Agent
01. Name
02. Street Address
03.
04. City
05. State

11. Pursuant to the provisions of Sections 602 (PAC) and 607 (PAC) Florida Statutes, the above named corporation hereby certifies that the person or persons named as the principal office or registered agent, or both, in this State of Florida, have been duly authorized by the corporation's board of directors to thereby accept the responsibilities of a registered agent familiar with and accepting the obligations of Sections 602 (PAC) Florida Statutes.

SIGNATURE
Signature of registered agent (agent of record)
Signature of president or secretary of corporation

12. OFFICERS AND DIRECTORS

OFFICE	PD
NAME	MILLER, JAMES FOX
STREET ADDRESS	4040 SHERIDAN ST.
CITY ST ZIP	HOLLYWOOD FL
OFFICE	VDT
NAME	SCHWARTZ, JOSEPH L.
STREET ADDRESS	4040 SHERIDAN ST.
CITY ST ZIP	HOLLYWOOD FL
OFFICE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

OFFICE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. The filer hereby certifies that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation of the State of Florida, and that the filer hereby certifies that the information included on this annual report or supplemental annual report is true and correct and that the filer is responsible for the accuracy of the information supplied. If an officer or director of this corporation or the person or persons named as such on this report is required by Chapter 218, Florida Statutes, and that the name appears in Block 12 or Block 13 of this report, or on an attached form, with an address:

SIGNATURE: *Joseph L. Schwartz* Joseph L. Schwartz 1/10/95 (305) 962-2000