

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

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F11909 (1)

1. Corporation Name
MILJOCO CORP.



Principal Place of Business
**% C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

Mailing Address
**% C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324-4413**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1981	3a. Date of Last Report 05/01/1996
21 State, Apt. #, etc.	26 State, Apt. #, etc.	4. FEI Number 59-2047038		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent			
		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 607.0632 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 607.0605, Florida Statutes.

SIGNATURE		DATE
12. OFFICERS AND DIRECTORS		
12.1 NAME	PST TRERICE, HOWARD M.	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	44 BELLE MEADE GROSSE POINTE SHORES MI	
12.3 CITY - ST - ZIP	VP	<input type="checkbox"/> DELETE
12.4 NAME	TRERICE, HOWARD O.	
12.5 STREET ADDRESS	23747 NEIL MT. CLEMENS MI	
12.6 CITY - ST - ZIP	VPS	<input type="checkbox"/> DELETE
12.7 NAME	TRERICE, BRENDA	
12.8 STREET ADDRESS	44 BELLE MEADE GROSSE PT. SHORES MI	
12.9 CITY - ST - ZIP		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY - ST - ZIP		
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY - ST - ZIP		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY - ST - ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY - ST - ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY - ST - ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY - ST - ZIP		

14. I do 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 and dates 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 a director of the corporation or the trustee 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 or in an attachment with an address

SIGNATURE: *Howard M. Trerice* **Howard M. TRERICE** 3-12-97 810-777-4280
Date Daytime Phone #

CR2E034 (9/96)