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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F11909

(1)

MILJOCO CORP.

Principal Place of Business
% C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.

Mailing Address

% C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 FILED Feb 26 1998 8:00am Secretary of State

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

					01/08/1981			
2. Principal P	Place of Business 28, Mailing Address			4. FEI Number	A	Applied For		
21		26	26		59-2047038	N	lot Applicable	]
Suite, Apl.	#, etc.	Suite, Apt. #, etc.	•		5. Certificate of Status Desired	· · · · ·	Additional tequired	
City & State	e	City & State		Election Campaign Financing     Trust Fund Contribution		May Be	1	
23	T. Court	28	Cou		<del></del>		to Fees	1
Zip	Country	Zip	<b>├</b> ─¬	n ur y	8. This corporation owes or has paid the or Personal Property Tax due June 30.		ntangible   No	1
24]	25 9. Name and Address of Current	Pagistered Agent	[30]		10. Name and Address of New Registers		<u></u>	┨
				81 Name	IV. Italia alla Adalasa di Italia Italia	u Agont	<del></del>	1
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324							1	
				82 Street Address (P.O. Box Number is Not Acceptable)				
			83					┨
			03					
				84 City	F	L 65 Zip	Code	1
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607,1508, Florida Statu if Florida, Such change was	tes, the all authorized	pove-named corp d by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing in ppointment as	its registered s registered	
agent. I a	m familiar with, and accept the obligati	lions of, Section 607.0505, F	lorida Stat	utes.				
SIGNATURE	Signature, typing or pointed trace of registered manife	Langutel, il morale alsie (NO)	TE Bonistore	d Agent signature require	ed when reinslating) DATE			1_
12.	OFFICERS AND		13.	3 rigoni alginiole require	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	16
TITLE	PST	DELETE	1.170	TLE	7,0011101107010101011	☐ Change	☐ Addition	13
NAME	TRERICE, HOWARD M.		12 N/					1
STREET ADDRESS	44 BELLE MEADE		1	REET ADDRESS				18
CITY-ST-ZIP	GROSSE POINTE SHORES MI			TY-ST-ZIP				Š
TITLE	VP	DELETE	2.1 11			☐ Change	Addition	ľč
NAME	TRERICE, HOWARD O.		2.2 NA			••••		
STREET ADDRESS	23747 NEIL		1	REET ADDRESS				İ
CITY-ST-ZIP	MT. CLEMENS MI			ITY-ST-ZIP				1
TITLE	VPS	DELETE	3.1 TI			Change	Addition	1
NAME	TRERICE, BRENDA		3 2 NA	í				
STREET ADDRESS	44 BELLE MEADE		3.3 STREET ADDRESS					1
CITY-ST-ZIP	GROSSE PT.SHORES MI		- 1	ITY-ST-ZIP				1
TITLE	GROODE THO TORLO IIII	DELETE	4 1 TJ			Change	Addition	1
NAME			4.2 N					1
STREET ADORESS				REET ADORESS				l
CITY-ST-ZIP				TY-ST-ZIP				1
TITLE		DELETE	5.1 10			Change	Addition	1
NAME			5.2 NA	,				1
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			1	TY-ST-ZIP				Ì
TITLE		DELETE	6.1 10			Change	Addition	1
NAME			6.2 NA	1				1
STREET ADDRESS				REET ADORESS				
CITY-ST-ZIP				TY-ST-ZIP				1
14   hereby c	ertify that the information supplied with	h this filing does not qualify t	or the exe	motion stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the	e information	1
indicated officer or Block 12 (	on this annual report or supplementalls director of the cornoration or the receive or Ellock 13 if changed, or on an artich	lannual report is true and ac ver or truslee empowered to iment with an address	curate and execute t	d that my signatur his report as requ	re shall have the same legal effect as if made pired by Chapter 607, Florida Statutes; and the	under oath; th it my name ap	at I am an opears in	

HOURT MITRERICE X 2-19-98