

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 17 PM 11:17

DOCUMENT # F44511 (6)

1. Corporation Name
MICKLOW, INC.

Principal Place of Business (married) Mailing Address
% MILLICENT MICKLOW Amerman 5703 HOWARD CREEK RD. SARASOTA FL 34241
% MILLICENT MICKLOW Amerman 5703 HOWARD CREEK RD. SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/14/1981** 3a. Date of Last Report **09/28/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2127560	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICKLOW, MILLICENT
5703 HOWARD CREEK RD.
SARASOTA FL 34241

married
Millicent M. Amerman
Same address.

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKLOW, KENNETH	1.2 NAME	
STREET ADDRESS	5703 HOWARD CREEK RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKLOW, KEITH F	2.2 NAME	
STREET ADDRESS	5703 HOWARD CREEK RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 00000	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKLOW, MILLICENT	3.2 NAME	
STREET ADDRESS	5703 HOWARD CREEK RD.	3.3 STREET ADDRESS	D.P Amerman, Millicent Micklow
CITY - ST - ZIP	SARASOTA, FL 00000	3.4 CITY - ST - ZIP	5703 Howard Creek Rd Sarasota, FL 34241
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONADIO, ANTHONY J., JR.	4.2 NAME	
STREET ADDRESS	9 GUERIN LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	RANDOLPH NJ	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Millicent M. Amerman 4-11-95 (813) 922-9212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #