

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

FILED
Jan 24 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 # F94000000220 (3)

1. Corporation Name

MILESTONE ASSET MANAGEMENT, INC.



Principal Place of Business

5200 TOWN CENTER CIR.
4TH FLOOR
BOCA RATON FL 33486

Mailing Address

5200 TOWN CENTER CIR.
4TH FLOOR
BOCA RATON FL 33486-1015

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/14/1994

3a. Date of Last Report

06/18/1996

4. FEI Number

52-1843631

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MILESTONE PROPERTIES, INC.
5200 TOWN CENTER CIR.
BOCA RATON FL 33486

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 607.0502 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	WILLIAMS, STEPHEN D	
STREET ADDRESS	5200 TOWN CENTER CIR.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	S	☐ DELETE
NAME	SHORE, HARVEY	
STREET ADDRESS	5200 TOWN CENTER CIR.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	T	☐ DELETE
NAME	LEVINE, JOAN	
STREET ADDRESS	5200 TOWN CENTER CIR.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	☐ DELETE
NAME	MANDOR, ROBERT	
STREET ADDRESS	5200 TOWN CENTER CIR.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	☐ DELETE
NAME	MCMAHON, GREG	
STREET ADDRESS	5200 TOWN CENTER CIR.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0337999

CR2E034 (9/96)