

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90147 014 ***150.00

DOCUMENT # **L94801**

1. Corporation Name
MILLAR-FARVIEW CORP.

Principal Place of Business
**2419 AVON GENESCO
AVON NY 14414**

Mailing Address
**4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH FL 33407
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1990

4. FEI Number

65-0228987

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**DAMON, CONRAD ESQ.
4420 BEACON CIRCLE
STE. 100
WEST PALM BCH. FL 33407**

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

4/14/99

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	MILLAR, STEWART	
STREET ADDRESS	44 YACHT CLUB PLACE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	DV	☐ DELETE
NAME	MILLAR, JAMES	
STREET ADDRESS	C/O FARVIEW GOLF COURSE, 2419 AVON GENESCO	
CITY-ST-ZIP	AVON NY 14414	
TITLE	VT	☐ DELETE
NAME	MACKAIL, RON	
STREET ADDRESS	636 US HIGHWAY ONE, STE. 118	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	☒ Change ☐ Addition
1.2 NAME	Millar, Stewart	
1.3 STREET ADDRESS	18728 Big Cypress Drive	
1.4 CITY-ST-ZIP	Jupiter, FL 33458	☐ Change ☐ Addition
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

561 745 8676

Daytime Phone #

CR2E034 (1/98)

0367232