

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

APPROVED
AND
FILED

95 JUN 16 AM 9:28

DOCUMENT # P94000008837 (4)

1. Corporation Name

MILLER FLORIDA HOMES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

750 S.E. 3RD AVE.
THIRD FLOOR
FORT LAUDERDALE FL 33316

Mailing Address

750 S.E. 3RD AVE.
THIRD FLOOR
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/03/1994

3a. Date of Last Report
05/01/1994

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

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25

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30

4. FBI Number

APPLIED FOR 65-0476405

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

JOYCE, KENNETH J
750 S.E. 3RD AVE.
THIRD FLOOR
FORT LAUDERDALE FL 33316

Michael L. Miller
3634 Gamma Rd 3rd Fl
Riviera Beach
Riviera Beach FL 33413
33432

10. Name and Address of New Registered Agent

81 Name THOMAS R. TATUM, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
~~BRINKLEY M. KERNER~~
83 200 E. LAS OLAS BLVD. #1800
84 City FORT LAUDERDALE FL 85 Zip Code 33301

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 the applicable

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D
NAME JOYCE, KENNETH J
STREET ADDRESS 750 S.E. 3RD AVE, 3RD FLOOR
CITY ST ZIP FORT LAUDERDALE FL 33316

TITLE D
NAME LEWIS, MARCY M
STREET ADDRESS 11111 BISCAYNE BLVD. P/H 52
CITY ST ZIP MIAMI FL 33181

TITLE D
NAME MILLER, MICHAEL L
STREET ADDRESS 614 SUPERIOR AVE., N.W.
CITY ST ZIP CLEVELAND OH 44113

TITLE P
NAME MILLER, MICHAEL
STREET ADDRESS 1300 N. FEDERAL HWY 103-D
CITY ST ZIP BOCA RATON FL 33432

TITLE V
NAME MILLER, MICHAEL L
STREET ADDRESS 614 SUPERIOR AVE. N.W.
CITY ST ZIP CLEVELAND OH 44113

TITLE S
NAME LEWIS, MARCY
STREET ADDRESS 11111 BISCAYNE BLVD P/H 52
CITY ST ZIP MIAMI FL 33181

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DELETE JOYCE, KENNETH J.
1.3 STREET ADDRESS
1.4 CITY - ST ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 800001518558
2.3 STREET ADDRESS -06/20/95--01137--002
2.4 CITY - ST ZIP *****200.00 *****200.00

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 800001518558
3.3 STREET ADDRESS -06/20/95--01137--003
3.4 CITY - ST ZIP *****25.00 *****25.00

4.1 TITLE P+D 800001518558
4.2 NAME -06/20/95--01137--004
4.3 STREET ADDRESS *****8.75 *****8.75
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 its receiver or liquidator appointed 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 appointment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

(Date)

(Signature)

Michael L. Miller President 1-30-95 407 393 5246