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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # . P96000057293 (8)

JOTHAM CORP.

CASSELBERY FL 32707

Principal Place of Business 252 E SEMORAN BLVD SUITE 603 Mailing Address

252 E SEMORAN BLVD SUITE 603 CASSELBERY FL 32707-4943

FILED Feb 28 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 3a. Date of Last Report			
		1.41.4.4 ₁ ₂			***************************************	07/05/1996			
	l. Principal Place of Business T		2a. Mailing Address			4. FEI Number	A	Applied For	
21	1 # -1	[26]				59-3393936		Not Applicable	
Suite, Ap 22	1 #, CR.	Suite, Apt	F, etc.			5. Certificate of Status Desired	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Additional Required	
City & Str	ate	City & State	1			6. Election Campaign Financing	\$5.00	0 Мау Ве	
23		28				Trust Fund Contribution		to Fees	
<i>Ζ</i> ιρ ·····	Country Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,			
24 25 29 :: 9. Name and Address of Current Registered Agent						Florida Statutes Yes No			
		nt Hegistered Agent		-	NI	10. Name and Address of New Re	gistered Agent		
	ILLEA, STEVEN			81	Name				
252 E SEMORAN BLVD SUITE 603				82 Street Address (P.O. Box Number is Not Acceptable)			····		
CASSELBERY FL 32707									
				83					
				84 City			85 Zip	Code	
				"	City		FL " ² "	, code	
11. Pursuar	it to the provisions of Sections 607.05	02 and 607.1508, Flor	ida Statutes, th	e above	-named	corporation submits this statement for the p	ourpose of changing	its registered	
office or agent 1	registered agent, or both, in the State am familiar with, and accept the oblic	e of Fiorida. Such cha Jabons of, Section 601	inge was author 7.0505, Florida l	nzed by Statutes	tne corp	oration's board of directors. I hereby acce	pt the appointment a	s registered	
SIGNATURE	. ,	,,							
SIGNATURE	Signature, typed or printed name of regional diag	jerc and title if applicable	(NOTE Regis	tered Ager	nt signature	required when reinstating)	DATE	***************************************	
12.	OFFICERS AN	ND DIRECTORS		13.	***************************************	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 12	
THEE	D		DELETE 1	.1 TITLE		Treasure	Change	Addition	
NAMÉ	MILLER, STEVEN		1	2 NAME	1	Steven O. Miller 418 Barywood Cana			
STREET ADDRESS	TREET ADDRESS 252 E SEMORAN BLVD SUITE 603				ADDRESS	4/18 Barry wood Cane			
Cith - ST - ZIP	CASSELBERY FL 32707		1	.4 CITY - S1	r-ZIP	Cusselberry, FL 3270	7		
TITLE	Pres.			1 TITLE			Change	Addition	
NAMÉ	Steven D. Miller		2	2.2 NAME					
STREET ACCURESS			2	2.3 STREET ADDRESS					
CIFY - S1 - 7IP	Casalhera FL 32707			2. 4 CITY - ST - ZIP				1	
161E	Ulu Pres DELETE			3.1 TITLE			Change	Addition	
NAME	Melksa miller			3.2 NAME			<u></u>		
STREET ADDRESS	SON PLANDOCK DE			.3 STREET /	ADDDESS				
	La District Maines Cl	72708		1.4. CITY+S	- 1				
City - S1 - 7IP Tiple	Line Son Son				+- ZIP		Change	Addition	
	Vice Ares. Kuthryn Miller	L \		1 TITLE			L. J GIRINGE		
NAME CONTRACTOR	DAD Demotered De			2 NAME					
STREET ADDRESS	789 Ringwood Pr Winter Springs, FL Vice Pres.	# 2700		3 STREET	1	· ·			
CHY+S1-7IP	winder springs, FC	7479 H	4.4 C		- ZIP		T 1.05	a a a a training	
THLE		, LJ 1		.1 TITLE	-		L Change	■ Addition	
NAMÉ	Steven J. Miller		5	.2 NAME	- 1	•			
STREET ADDRESS	189 Ringwood Dr		. 5	.3 STREET A	ADDRESS				
C(F) - ST - Z(P	Winter Springs Fl Sceretury Kadhryn Miller 289 Ringwoodlar	. 52708		4 CITY - \$1	- ZIP				
11716	Schetaly		DELETE 6	.1 TITLE			L Change	Addition	
NAME	Karthryn Miller		6	2 NAME	-				
STREET ACORESS	189 Ringword Dr		- 6	3 STREET	ADDRESS				
CHY+ST ZIP	WINTER JONASS, NC	- 337°B		4 CITY - ST	- ZIP	ated in Section 119 07(3)(i), Florida Statute			

4. To hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119 D7(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

Structure Miller Pres. 3/24/47 (404) 695-5444