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PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

424097

(4)

MILLER PAINT & WALLPAPER DECORATING CENTER INC  Principal Place of Business  Mailing Address  16507 N.E. 6TH AVE. NORTH MIAMI BEACH FL 33162 US								
		υs			3. Date incorporated or Qualified	1	te of Last F	
2. Principal F	Place of Business	2a. Mailing Address			04/24/1973 4. FLI Number	(	01/24/19	995
1		26			59-1462965			Applied For
Suite, Apt.	. #, etc	Suite, Apt. #, etc.					<b>\$Ω.7</b>	Not Applicable  5 Additional
2		[27]			5. Certificate of Status Desired			Required
City & Stai	te	City & State			6. Election Campaign Financing		\$5.0	<b>)0</b> May Be
<b>3</b>   Zip	Country	28	- <del></del>	F	Trust Fund Contribution		Adde	ed to Fees
4]	25	Zφ <b>29</b> ]	Cour	ntry	8. This corporation has liability for	intangible t	tax under s	199.032,
	9. Name and Address of Cur		30		Florida Statutes Yes  10. Name and Address of New R	□No		
				81 Name	TO. Hame and Address of New H	registered	Agent	
STANL	EY MILLER, MILLER PAINT &W	VALL PAPER	-	82 Street Add	fress (P.O. Box Number is Not Acceptab			
16507 N.E. 6TH AVE.		WILL THE CIT		OZ Street Agt	iress (F.O. box Number is Not Acceptab	ne)		
NORTH	I MIAMI BEACH FL 33162		[4	83			- 120	
				B4 Crty			<b>85</b> Z	ıp Code
11. Pursuant	to the provisions of Sections 607 of	500 and 507 1500 Ft 11 0		<u> </u>	pration submits this statement for the pur	FL	1 1	•
SIGNATURE	Signature, typed or princed halve of registered a	gent and tire it approache (No	-3777e	····				
		AND DECTORS		róeus signature restra-	d when reinstating)	[IATE		
TITLE	7 - 2	AND DIRECTORS	13.		d when releasing ADDITIONS/CHANGES TO OFFI	CERS AND		
	PD	AND DIRECTORS	13. 1. 1 Till	Lf		CERS AND	DIRECTO	DRS IN 12
NAME	7 - 2	AND DIRECTORS	13. 1. 1 THU 1.2 NAM	LE AE		CERS AND		
NAME STREET ADURESS DITY-ST-ZIP	PD MILLER,STANLEY 1852 NW 97TH AVE PLANTATION FL	AND DIRECTORS	13. 1. 1 TITU 1.2 NAM 1.3 SERI	Lf		CERS AND		
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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 logal effect as if made under appears in Block 12 or Disck 3 if changed, or on a attachment with an adoress.

SIGNATURE: 5

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

931-713-22