

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

FILED
Apr 24 1997 8:00am
Secretary of State

DOCUMENT # 197739 (6)

1. Corporation Name
MILLER BEARINGS, INC.

Principal Place of Business
17 S. WESTMORELAND DRIVE
ORLANDO FL 32802

Mailing Address
17 S. WESTMORELAND DRIVE
ORLANDO FL 32805-1847



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
11/17/1956

3a. Date of Last Report
05/01/1996

4. FEI Number

59-0788465

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

ETHERIDGE, F.R.
803 N. LAKE ADAIR BLVD.
ORLANDO FL 32804

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 | CSD | <input type="checkbox"/> DELETE |
| NAME | ETHERIDGE, F R | |
| STREET ADDRESS | 803 LAKE ADAIR BL. N. | |
| CITY-ST-ZIP | ORLANDO FL 32804 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SHUMACHER, G A | |
| STREET ADDRESS | 5403 PINETRAIL WAY | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SUAZO, BEN | |
| STREET ADDRESS | 7553 WOODBRIAR CT | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ANDERSON, R B | |
| STREET ADDRESS | 151 N. PHELPS AVE. | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | FABER, C O | |
| STREET ADDRESS | 5011 LIDO ST | |
| CITY-ST-ZIP | ORLANDO FL 32807 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KELLEY, L E | |
| STREET ADDRESS | 724 OAK ST | |
| CITY-ST-ZIP | ORLANDO FL 32804 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | PINGALORE, JR. RAYMOND | |
| 1.3 STREET ADDRESS | 511 CANARY ISLAND CIRCLE | |
| 1.4 CITY-ST-ZIP | DAVENPORT, FL. 33837 | |
| 2.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | SCHUMACHER, G A | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

CRAIG O. FABER/TREASURER

April 18, 1997 (407)425-9078

Date

Daytime Phone *

CR2E034 (9/96)