

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1956	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0788465	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CSD	1.1 TITLE	V
NAME	ETHERIDGE, F R	1.2 NAME	KILEY, WILLIAM R.
STREET ADDRESS	803 LAKE ADAIR BL. N.	1.3 STREET ADDRESS	5630 MONTEREY DR.
CITY - ST - ZIP	ORLANDO FL 32804	1.4 CITY - ST - ZIP	ORLANDO, FLORIDA 32811
TITLE	D	2.1 TITLE	
NAME	SCHUMACHER, G.A.	2.2 NAME	
STREET ADDRESS	5403 PINETRAIL WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	SUAZO, BEN	3.2 NAME	
STREET ADDRESS	7553 WOODBRIAR CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	ANDERSON, R B	4.2 NAME	
STREET ADDRESS	151 N. PHELPS AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	VD
NAME	FABER, C O	5.2 NAME	
STREET ADDRESS	5011 LIDO ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32807	5.4 CITY - ST - ZIP	
TITLE	PD	6.1 TITLE	
NAME	KELLEY, L E	6.2 NAME	
STREET ADDRESS	724 OAK ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32804	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.

SIGNATURE:

CSD. F.R.

V.P.

4-16-98 407 425-9098

EXT. 109

CR2E034 (10/97)