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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FILED

Jan 20 1998 8:00am

Secretary of State

RUPER	T MILLER REALTY, INC.						
D		A A - 12 A - 1-4					
Principal Plac	e of Business	Mailing Address					
PO BOX 12 VALPARAISO	FI 32590	PO BOX 12 VALPARAISO FL 32580					
THE HIMOU		VILLIAM TO TE SEGO		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
				12/18/1964			
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	4	26		59-1095249	Not Applicable		
Suite, Apt.	#, B(C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible		
24	25	29	0	Personal Property Tax due June 30.	☐ Yes ☐ No		
b,	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	red Agent		
	LER, RUPERT		81 Namo				
	IT #34 HIDDEN COVE		82 Street Addr	treet Address (P.O. Box Number is Not Acceptable)			
' VAI	LPARAISO FL 32580						
			83				
			84 City	I	85 Zip Code		
11 Purcuant	to the provisions of Sections 607 050	N2 and 607 1508 Florida Statutos	the above-named corn	poration submits this statement for the purpos			
office or r	egistered agent, or both, in the State	of Florida Such change was au	thorized by the corporat	ion's board of directors. I hereby accept the	appointment as registered		
	im familiar with, and accept the oblig	alions of, Section 607,0505, Flori	da Statutes/		2 1 N UT V		
SIGNATURE	Signatury typed or printed name of registered agr	ent and title diapplicable (NOTE	Registered Agent Sunaye require	ed when reinstating) DAI			
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS.			
TITLE	Y NUMBER OF THE PROPERTY	☐ DELETE	1.1 TITLE		Change Addition		
NAME	MILLER, RUPERT		1.2 NAME				
STREET ADDRESS	UNIT #34 HIDDEN COVE VALPARAISO FL		. 1.3 STREET ADDRESS				
City-St-ZIP	T	DELETE	1.4 CITY-ST-ZIP		Change Addition		
TITLE	POWELL, CAROL	C) Official	2.1 TITLE		ET Change ET Modition		
NAME STREET ADDRESS	RT 1		22 NAME				
	PAOLI OK		2.3 STREET ADDRESS 2.4 City-\$1-7ip				
CITY-ST-ZIP TITLE	SV	DELETE	3.1 TITLE		Change Addition		
NAME	MILLER, JANET		3.2 NAME				
STREET ADDRESS UNIT #34 HIDDEN COVE			3.3 STREET ADDRESS				
CITY-ST-ZIP	VALPARAISO FL		3.4. CITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CHTY-\$T-ZIP			4.4 City-St-ZIP				
TOLE		☐ DELETE	5.1 TOLE		Change Addition		
NAME			5.2 NAME		Palac /,		
STREET ADDRESS			5.3 STREET ADDRESS		a Markin		
CITY-ST-ZIP		Therese	5.4 CITY-\$1-7IP		·		
TITLE		☐ DELETE	6.1 TITLE	700002405: -01/20/9801099 ***150.00	Addition Addition		
NAME			6.2 NAME	-01/20/9801099	-UU4		
STREET ADDRESS			63 STREET ADDRESS	***150 . 00			
CITY-ST-ZIP			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.