

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

FILED
Apr 14 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 # 311613 (4)

1. Corporation Name
KEITH MILLER INVESTMENTS, INC.



Principal Place of Business 1700 MEDICAL LN STE 107 FT MYERS FL 33907 US	Mailing Address 1700 MEDICAL LN STE 107 FT MYERS FL 33907 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15300 River - By Road Suite, Apt. #, etc.	2a. Mailing Address 26 15300 River By Road Suite, Apt. #, etc.
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL
Zip 24 33908	Country 25 USA
Zip 29 33908	Country 30 USA

3. Date Incorporated or Qualified 10/08/1966	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1278827	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MILLER, KEITH A
 1700 MEDICAL LANE STE 107
 SUITE B
 FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name Keith A. Miller
82 Street Address (P.O. Box Number is Not Acceptable) 15300 River - By Road
83
84 City Fort Myers
85 Zip Code FL 33908

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 **4/7/98**

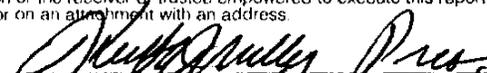
12. OFFICERS AND DIRECTORS

TITLE PD	NAME MILLER, KEITH A	STREET ADDRESS 1700 MEDICAL LANE STE 107	CITY - ST - ZIP FORT MYERS FL	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	1.2 NAME Miller, Keith A.	1.3 STREET ADDRESS 15300 River - By Road	1.4 CITY - ST - ZIP Fort Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4/7/98** PHONE **941-454-1020**

CR2E034 (10/97)