

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90013 009 ***150.00

DOCUMENT # **337383** (4)

1. Corporation Name

MILLER'S PLANTATION DEVELOPMENT COMPANY

Principal Place of Business

760 NW 107 Ave.
Suite 300
Miami, FL 33172

Mailing Address

760 NW 107 Ave.
Suite 300
Miami, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/05/1968

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

4. FEI Number

59-1223424

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Shelly Rubin, VP
760 NW 107 Ave
Suite 300
Miami, FL 33172

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 | V | <input type="checkbox"/> DELETE |
| NAME | Rubin, Shelly | |
| STREET ADDRESS | 760 NW 107 Ave., Ste 300 | |
| CITY-ST-ZIP | Miami, FL 33172 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | Miller, Leonard | |
| STREET ADDRESS | 700 NW 107 Ave. | |
| CITY-ST-ZIP | Miami, FL 33172 | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | Arnett, Peta-Gay | |
| STREET ADDRESS | 760 NW 107 Ave., Ste 300 | |
| CITY-ST-ZIP | Miami, FL 33172 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | Jordan, Margaret | |
| STREET ADDRESS | 760 NW 107 Ave., Ste 300 | |
| CITY-ST-ZIP | Miami, FL 33172 | |
| TITLE | DCEO | <input type="checkbox"/> DELETE |
| NAME | Saiontz, Steven J. | |
| STREET ADDRESS | 760 NW 107 Ave., Ste 300 | |
| CITY-ST-ZIP | Miami, FL 33172 | |
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | Miller, Stuart A. | |
| STREET ADDRESS | 760 NW 107 Ave., Ste 314 | |
| CITY-ST-ZIP | Miami, FL 33172 | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 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 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, with all other like empowered.

Margaret Jordan
Treas.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

305/485-2000
Daytime Phone #

CD05034 / 11/08