

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

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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 346829 (5)
1. Corporation Name
MILNOR CORPORATION



Principal Place of Business 1337 N DIXIE HWY LAKE WORTH FL 33460
Mailing Address 1337 N DIXIE HWY LAKE WORTH FL 33460-1826

3. Date Incorporated or Qualified 05/26/1969
3a. Date of Last Report 11/18/1996
4. FEI Number 59-1283001
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

2. Principal Place of Business
21. Suite, Apt #, etc.
22. City & State
23. Zip Country
24. Zip Country
25. Zip Country
2a. Mailing Address
26. Suite, Apt #, etc.
27. City & State
28. Zip Country
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
MICHAEL, NORMAN J
1337 N DIXIE HWY
LAKE WORTH FL 33460

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

Table with 5 columns: Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. Rows include Michael Elishka E and Michael Norman J at 10480 Prestwick Rd, Boynton Beach FL.

Table with 5 columns: Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes. Rows 1.1 through 6.4.

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 partner 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 or changed, or on an attachment with an address.

SIGNATURE: [Signature] 3/26/97 561/547-9407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)