

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

FILED

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		05/26/1969		11/18/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-1283001		Not Applicable	
24 Country		30 Country		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		Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MICHAEL, NORMAN J 1337 N DIXIE HWY LAKE WORTH FL 33460				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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	STD	DELETE		1.1 TITLE	Change Addition		
NAME	MICHAEL, ELISHKA E			1.2 NAME			
STREET ADDRESS	10480 PRESTWICK RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CITY-ST-ZIP			
TITLE	PD	DELETE		2.1 TITLE	Change Addition		
NAME	MICHAEL, NORMAN J			2.2 NAME			
STREET ADDRESS	10480 PRESTWICK RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			2.4 CITY-ST-ZIP			
TITLE		DELETE		3.1 TITLE	Change Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97 561/547-9407

Date

Daytime Phone #

CR2E034 (9/96)