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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 361701

(6)

DONALD L.B. MILLER, INC.

FILED
Apr 28 1997 8:00am
Secretary of State

	ace of Business	Mailing Address			YKBAN ANDON BADAN DADAN DADAN BADAN TABA
1605 ROWE AVE 1805 ROWE AVE					
o box 9538 Acksonvill	8 LE FL 32208-7538	PO BOX 9539 JACKSONVILLE FL 32208-05	38		.
				3. Date Incorporated or Qualified	3a. Date of Last Report
Driverent	Place of Business	2a. Mailing Address	·	03/25/1970 4. FEI Number	04/18/1996
а типофаг 	Frace or business	h			Applied For
L Suite, Ap	d # ote	Suite, Apt. #, etc.	71/1/11/2	59-1289643	Not Applicab \$8.75 Additional
]	n, t	27		5. Certificate of Status Desired	Fee Required
City & St	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
I		28		Trust Fund Contribution	Added to Fees
Zip L	Country	Zip	Country	8. This corporation has liability for in	
	25 9. Name and Address of Curn		30	Florida Statutes 10. Name and Address of New Reg	Yes No
		Bitt negistered Agent	81 Name	10. Name and Address of New Hog	Interest vibrati
	LLER, DONALD L.B.		Teamo		
	05 ROWE AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
JA	CKSONVILLE FL 32208		83		
			PS		
			84 City		85 Zip Code
				poration submits this statement for the putation's board of directors. I hereby accept	FL B Zip Code
	Shiratori, typed or prohib name of regulated a OFFICERS A	ND DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICE	
l F	PO	☐ DELETE	1.1 TITLE		1 0 1 1 1 1
	1 -		1		Change Addit
	MILLER, DONALD L B		1.2 NAME		Change Addoit
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Lob 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 of rection 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 planted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIFFECTO

4-22-97

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