

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **422613** (0)

1. Corporation Name

MILORD DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

3600 S. CONGRESS AVE
SUITE I
BOYNTON BEACH FL 33426

3600 S. CONGRESS AVE
SUITE I
BOYNTON BEACH FL 33426

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

MILORD, JEROME F
3600 S. CONGRESS AVE
SUITE I
BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified

03/30/1973

3a. Date of Last Report

02/14/1995

4. FEI Number

59-1469910

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 has liability for intangible tax under s. 199.032
Florida Statutes Yes No

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 607.0602 and 607.1502, 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 607.0605, Florida Statutes.

SIGNATURE

Name, Title, and Address of Registered Agent (Print Name)

Name, Title, and Address of Registered Agent (Print Name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MILORD, PAUL, J	
STREET ADDRESS	9801 S INDUSTRIAL DR	
CITY, STATE, ZIP	BRIDGEVIEW, IL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILORD, JEROME F.	
STREET ADDRESS	3600 S. CONGRESS AVE	
CITY, STATE, ZIP	BOYNTON BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MILORD, KEVIN, T	
STREET ADDRESS	9801 S INDUSTRIAL DR	
CITY, STATE, ZIP	BRIDGEVIEW, IL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILORD, WILLIAM J	
STREET ADDRESS	3600 S. CONGRESS AVE	
CITY, STATE, ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 corrected in accordance with the address.

SIGNATURE: *Jerome F. Milord* Jerome F. Milord 1/15/96 407-738-1773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)