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**Feb 03 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 # 422613 (0)
1. Corporation Name
MILORD DEVELOPMENT CORPORATION



Principal Place of Business
**3600 S. CONGRESS AVE
SUITE I
BOYNTON BEACH FL 33426**

Mailing Address
**3600 S. CONGRESS AVE
SUITE I
BOYNTON BEACH FL 33426-8488**

3. Date Incorporated or Qualified
03/30/1973

3a. Date of Last Report
02/06/1996

4. FEI Number
59-1469910

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**MILORD, JEROME F
3600 S. CONGRESS AVE
SUITE I
BOYNTON BEACH FL 33426**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Milord, Paul J.	
1.3 STREET ADDRESS	9801 S. Industrial Dr.	
1.4 CITY-ST-ZIP	Bridgeview, IL 60455	
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	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Milord, Kevin T.	
3.3 STREET ADDRESS	9801 S. Industrial Dr	
3.4 CITY-ST-ZIP	Bridgeview, IL 60455	
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Milord William J.	
4.3 STREET ADDRESS	3600 S. Congress Ave.	
4.4 CITY-ST-ZIP	Boynton Beach, FL 33426	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Milord, Phil	
5.3 STREET ADDRESS	9801 S. Industrial Dr.	
5.4 CITY-ST-ZIP	Bridgeview, IL 60455	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Thomas, Michael	
6.3 STREET ADDRESS	9801 S. Industrial Dr.	
6.4 CITY-ST-ZIP	Bridgeview, IL 60455	

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Vice President/ Director Date: 1/17/97 Daytime Phone #: 738-1773

CR2E034 (9/96)