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Feb 19, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 422613
 1. Corporation Name
MILORD DEVELOPMENT CORPORATION



Principal Place of Business 3600 S. CONGRESS AVE SUITE 1 BOYNTON BEACH FL 33426	Mailing Address 3600 S. CONGRESS AVE SUITE 1 BOYNTON BEACH FL 33426
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/30/1973	Applied For
4. FEI Number 59-1469910	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MILORD, JEROME F
3600 S. CONGRESS AVE
SUITE 1
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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PAUL, MILORD J	
STREET ADDRESS	9801 S. INDUSTRIAL DRIVE	
CITY-ST-ZIP	BRIDGEVIEW IL 60455	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILORD, JEROME F.	
STREET ADDRESS	3600 S. CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILORD, KEVIN, T	
STREET ADDRESS	9801 S INDUSTRIAL DR	
CITY-ST-ZIP	BRIDGEVIEW, IL 00000 60455	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILORD, WILLIAM J	
STREET ADDRESS	3600 S. CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILORD, PHIL	
STREET ADDRESS	9801 S. INDUSTRIAL DRIVE	
CITY-ST-ZIP	BRIDGEVIEW IL 60455	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMAS, MICHAEL	
STREET ADDRESS	9801 S. INDUSTRIAL DRIVE	
CITY-ST-ZIP	BRIDGEVIEW IL 60455	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Jerome F. Milord* **Jerome F. Milord, President 1/4/99 561-738-1773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)