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Feb 12 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 # 543821

(3)

1. Corporation Name

MILLER-SELLEN ASSOCIATES, INC.

Principal Place of Business

214 EAST LUCERNE CIRCLE
ORLANDO FL 32801

Mailing Address

214 EAST LUCERNE CIRCLE
ORLANDO FL 32801-4403

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MILLER, STEPHEN R.
2038 FOREST CLUB DRIVE
ORLANDO FL 32804

3. Date Incorporated or Qualified

08/25/1977

3a. Date of Last Report

04/29/1996

4. FEI Number

59-1762052

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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)

January 24, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME SELLEN, JAMES A.
STREET ADDRESS 450 JO AL CA AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE PTDC
NAME MILLER, STEPHEN R.
STREET ADDRESS 2038 FOREST CLUB DR
CITY-ST-ZIP ORLANDO FL 32804

TITLE VP
NAME WALSH, KEVIN T.
STREET ADDRESS 9442 WICKHAM WAY
CITY-ST-ZIP ORLANDO FL 32836

TITLE VPSD
NAME CONNER, CAROL D
STREET ADDRESS 5110 JENNIFER PLACE
CITY-ST-ZIP ORLANDO FL 32807

TITLE VP
NAME FRAZEE, NEIL C.
STREET ADDRESS 3801 DONNA LYNN LANE
CITY-ST-ZIP ORLANDO, FL 32817

TITLE VP
NAME WARREN, ERIC E.
STREET ADDRESS 5363 CHISWICK CIRCLE
CITY-ST-ZIP ORLANDO, FL 32812

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 1997 (407) 422-3330

Date

Daytime Phone #

CR2E034 (9/96)