FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address		
3124 OTTER CREEK CT	3124 OTTER CREEK CT		
LAKELAND FL 33809	LAKELAND FL 33809		

FILED Apr 27 1998 8:00am Secretary of State

1. Corporatio	MEN # 57610 R, MILLER, AND STIMER,	` '				
Principal Place of Business Mailing Address				 -		
3124 OTTER CREEK CT		3124 OTTER CREEK CT				
			KELAND FL 33809		DO NOT WRITE IN THIS COLOR	
i					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
ŀ					06/19/1978	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21 26				59-1762037 Not Applicable		
Suite, Apt. #, etc.		}			5. Certificate of Status Desired Section 5. Section 5. Certificate of Status Desired Fee Regulated	
22				6. Election Campaign Financing \$5.00 May Be		
23 28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	у	8. This corporation owes or has paid the current year Intangible	
24	25 29 30		30		Personal Property Tax due June 30. Yes No	
	g, Name and Address of Current Registered Agent			Name	10. Name and Address of New Registered Agent	
	MER, RICHARD R.		81			
3124 OTTER CREEK CT LAKELAND FL 33809		82	82 Street Address (P.O. Box Number is Not Acceptable)			
0	VERNAID LE 22008		83	<u> </u>		
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!			84	City	FL 85 Zip Code	
office or r agent la	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the ob-	502 and 607.1508, Florida Statut ate of Florida. Such change was a ligations of, Section 607.0505, Flo	es, the abov authorized b orida Statute	re-named cor y the corpora s.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title it applicable (NOT	E Registered Ap	ent signature requ	uired when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	DELETE 1.1 T			☐ Change ☐ Addition	
NAME			1.2 NAME	Į.		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	LAKELAND FL	DELETE	1.4 CITY - 1 2.1 TITLE	ST-ZIP	☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME		3.21		i i		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE				ST-ZIP	Change Addition	
NAME		OLLEN	4.1 TITLE 4.2 NAME		Change Addition	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-5			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	ì		
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	1		
CITY-ST-ZIP	ertify that the information supplied	with this filing does not qualify for	6.4 CITY-S		Section 119 07(3)(i). Florida Statutas, I further certify that the information	

receipt certify trial the information supplied with this filling 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 suppliemental 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 of the receiver of the corporation of 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 of the receiver of the corporation of 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.