

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 577149 (8)

1. Corporation Name
HENRY MILLER, P.A.

Principal Place of Business
607 SW 3RD STREET
BELLE GLADE FL 33430

Mailing Address
POST OFFICE BOX 570
RAHOKEE FL 33476-0570

3. Date Incorporated or Qualified 06/27/1978	3a. Date of Last Report 03/15/1996
4. FEI Number 59-1878060	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 1480
22 City & State	27 Belle Glade, FL
23 Zip	28 33430
24 Country	29 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, HENRY 1241 N.W. AVENUE D BELLE GLADE FL 33430	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 Henry L. Miller Henry L. Miller DATE 4/14/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HENRY	1.2 NAME	
STREET ADDRESS	1241 N.W. AVENUE D	1.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HEATH	2.2 NAME	
STREET ADDRESS	1241 N.W. AVENUE D	2.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HARVA	3.2 NAME	
STREET ADDRESS	1241 N.W. AVENUE D	3.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HARMA	4.2 NAME	
STREET ADDRESS	1241 N.W. AVENUE D	4.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Harma M. Miller Harma M. Miller DATE 4/14/97 561-996-0650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 344195

CR2E034 (9/96)