FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 615087 STEPHEN L. MILLER REALTY CORP. Principal Place of Business Mailing Address 2203 U S 27 NORTH 2203 U S 27 NORTH LAKE PLACID FL 33852 LAKE PLACID FL 33852 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/23/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1945500 21 26 Suite, Apt. #, etc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MILLER, STEPHEN L 2203 US 27TH NORTH Street Address (P.O. Box Number is Not Acceptable) LAKE PLACID FL 33852 83 84 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE ☐ DELETE 1171715 Change MILLER, STEPHEN L NAME 1.2 NAME 1135 PEACHTREE DR. STREET ADDRESS 1.3 STREET ADDRESS

May 11 1998 8:00am Secretary of State



Applied For

☐ No

Addition

941 465 1234

Not Applicable

LAKE PLACID FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ■ DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE **5.1 TITLE** NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP □ DELETE ☐ Change Addition TITLE 61 TITLE NALAF 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 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 eath, 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: