


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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **623613** (7)
1. Corporation Name
THE MILFORD CORPORATION

Principal Place of Business 105H DUNBAR AVENUE OLDSMAR FL 34677	Mailing Address 105H DUNBAR AVENUE OLDSMAR FL 34677
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3870 Tampa Rd Suite, Apt. #, etc. 22 Suite D City & State 23 Oldsmar, FL Zip 24 34677		2a. Mailing Address 26 3870 Tampa Rd Suite, Apt. #, etc. 27 Suite D City & State 28 Oldsmar, FL Zip 29 34677		3. Date Incorporated or Qualified 05/31/1979	
Country 25 USA		Country 30 USA		4. FEI Number 59-2005878 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BLEAKLEY, DALE E
2957 EAGLE ESTATES CIRCLE E.
CLEARWATER FL 34621**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANSLEY, SHARON K	
STREET ADDRESS	1307 WESLEY PLACE, N.W.	
CITY-ST-ZIP	ATLANTA, GA 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLEAKLEY, DALE E.	
STREET ADDRESS	2957 EAGLE ESTATES E.	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLEAKLEY, KENT A	
STREET ADDRESS	P. O. BOX 1781 N/A	
CITY-ST-ZIP	WHITE SALMON WA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BLEAKLEY, DONALD E	
STREET ADDRESS	1150 8TH AVE SW APT 2515	
CITY-ST-ZIP	LARGO FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	DENNARD, ROBERT L.	
STREET ADDRESS	1545 OAK LAKE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HARTING, DORIS	
STREET ADDRESS	1319 FLORIDA AVE	
CITY-ST-ZIP	PALM HARBOR FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	45 Katherine Blvd, Apt 525
4.4 CITY-ST-ZIP	Palm Harbor, FL 34684
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.

SIGNATURE

[Signature]

MAR 26 1998

813-855-5704

CR2E034 (10/97)