

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **643257** (9)  
1. Corporation Name  
**MILLARD SUID, INC.**



Principal Place of Business  
**6454 POINTE PLEASANT CIR.  
DELRAY BEACH FL 33484  
US**

Mailing Address  
**6454 POINTE PLEASANT CIR.  
DELRAY BEACH FL 33484  
US**

3. Date Incorporated or Qualified **10/29/1979** 3a. Date of Last Period **04/19/1995**

2. Principal Place of Business  
21 **6865 SUN RIVER RD**  
Suite, Apt. #, etc.  
22  
City & State  
23 **BOYNTON BCH FL**  
Zip  
24 **33437** Country  
25 **ALM BCH**  
2a. Mailing Address  
26 **6865 SUN RIVER RD**  
Suite, Apt. #, etc.  
27  
City & State  
28 **BOYNTON BEACH FL**  
Zip  
29 **33437** Country  
30 **PALM BEACH**

4. FEI Number **59-1745344** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

9. Name and Address of Current Registered Agent

**SUID, MILLARD  
6454 POINTE PLEASANT CIR.  
DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6865 SUN RIVER RD**  
83  
84 City **BOYNTON BCH** FL 85 Zip Code **33437**

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

Signature, typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>SUID, MILLARD</b>	<b>6454 POINTE PLEASANT CIR</b>	<b>DELRAY BCH FL</b>	<input type="checkbox"/>
	<b>SUID, BETTY</b>	<b>6454 POINTE PLEASANT CIR</b>	<b>DELRAY BCH FL</b>	<input type="checkbox"/>
	<b>SUID, STEVEN</b>	<b>7447 WENTWORTH DR</b>	<b>LAKE WORTH FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
	<b>6865 SUN RIVER RD</b>	<b>BOYNTON BCH FL</b>	<b>33437</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>6865 SUN RIVER RD</b>	<b>BOYNTON BEACH FL</b>	<b>33437</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **X Millard Suid**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)