FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:47

DOCUMENT # 685743 (7)

1. Corporate Name
JOHN E. MILLER, INC.

Principal Place of Business
1290 WESTON RD STE 200
FT. LAUDERDALE FL 33326

Mailing Address
1290 WESTON RD STE 200
FT. LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified
08/18/1980

3a. Date of Last Report
01/19/1994

2. Principal Place of Business
21
State, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
State, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
59-2022972
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. Has corporation been delinquent in filing for more than 1 year under F.S. 607.0122, Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MILLER, JOHN E.
1290 WESTON RD. STE 200
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MILLER, CAROLE D.
STREET ADDRESS	1531 LACOSTA DR., E.
CITY ST ZIP	PEMBROKE PINES FL
TITLE	PTD
NAME	MILLER, JOHN E
STREET ADDRESS	1531 LACOSTA DR., E.
CITY ST ZIP	PEMBROKE PINES FL
TITLE	STD
NAME	SHEFFIELD,DONNA M.
STREET ADDRESS	13721 NEWPORT MANOR
CITY ST ZIP	DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ON 12

1 TITLE	[ ] Change [ ] Addition
2 NAME	
3 STREET ADDRESS	
4 CITY ST ZIP	
5 TITLE	[ ] Change [ ] Addition
6 NAME	
7 STREET ADDRESS	
8 CITY ST ZIP	
9 TITLE	[ ] Change [ ] Addition
10 NAME	
11 STREET ADDRESS	
12 CITY ST ZIP	
13 TITLE	[ ] Change [ ] Addition
14 NAME	
15 STREET ADDRESS	
16 CITY ST ZIP	
17 TITLE	[ ] Change [ ] Addition
18 NAME	
19 STREET ADDRESS	
20 CITY ST ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	

14. I hereby certify that the information supplied with this report is substantially identical and shall qualify for the purposes stated in Section 15.10(2)(b), Florida Statutes. I further certify that the information indicated on the 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 a director or officer for 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carole D. Miller Carole D. Miller 2-11-95 305-334-6100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone

0234070 CP