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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 690887

(5)

MILBRO CORPORATION

Principal Place of	Business	

Mailing Address

4424 N. LOIS AVE. TAMPA FL 33614

21

2. Principal Place of Business

4424 N. LOIS AVE. TAMPA FL 33614-7320

2a. Mailing Address

26

FILED Mar 13 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

06/18/1981

59-2100863

4. FEI Number

Suite, Apt	l. #, etc.		Suite 27	Suite, Apt. #, etc.				5. Certificate of Status Desired See Regulred Fee Regulred							
City & Sta	ite			& State					6 Flection	Campaign Fi	nencina				
23			28		T				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fe						
Zip		Country	Zip		<u>├</u>	Country			8. This corporation has liability for intangible tax under s. 199.032,						
24	A 11	[25]	[29]		30	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent						
		and Address of Cur	ent Hegisterea	Agent		541			10, Name a	no Address	New He	gistered	Agent		
	Ler, Bruc					81	Name							i	
4916 H. VISTA CIRCLE						82	Street A	ddres	s (P.O. Box I	Number is Not	nber is Not Acceptable)				
TAMPA FL 33825													·	[
						83								1	
						84	City						85 Zip	Code	
												FL			
11. Pursuan	to the provis	sions of Sections 607.0	502 and 607.15	08, Florida Statut	es the a	bove	named o	corpor	ation submits	this stateme	nt for the p	ourpose o	changing i	ts registered	
agent. I	am familiar w	gent, or both, in the Sta vith, and accept the ob	ligations of, Sec	tion 607.0505, Flo	rida Stat	ules	the corp	oration	i s board or c	III OCIOIS. I NOI	eny acce,	prine app	onunen as	registered	
SIGNATURE		·	•												
SIGNATORE	Signature, type	d or printed name of registered	agont and tille it applic	able. (NOT	: Registere	d Âger	nt signature r	required	when reinstating)		7	DATÉ			
12.		OFFICERS A	ND DIRECTOR	s	13.				ADDITIO	VS/CHANGES	TO OFFI	CERS AND	DIRECTOR	RS IN 12	
TITLE	P			□ DELETE	1.1 7	TLE	1						Change	RS IN 12 Addition	
NAME	MILLER, I	BRUCE			1.2 N	AME	, [_	,,	•		[
STREET ADDRESS		VISTA CIRCLE			1.3 \$1	REET A	ADDRESS	120	10 Gul	6 B(no	×10	02			
CITY-ST-ZIP	TAMPA F	1			1.4 0	TY-ST	r-ZIP	-	STA C	learwate	en, fi	341	630	Ì	
TITLE	8			DELETE	2116	ILE .				1			Change	Addition	
NAME	MILLER,	JOANNE			2.2 N/	ME .	- 1		4	1 12				[
STREET ADDRESS		VISTA CIRCLE			2.3 \$1	REET A	ADDRESS	129	O GULF	= Bluc.	# 100	>Z)	
City-ST-ZIP	TAMPA F				•	11YS	1. 7IP	•	Clan	i. via tem	FL	346:	30	. }	
TITLE	10000	<u> </u>		DELETE	3.1 TI				, (C)	F Bluo lenzuati Bluo maten		1	Change	Addition	
NAME	Ì				3.2 N]			4.1					
STREET ADDRESS	}						ADDRESS							{	
CITY-ST-ZIP	1					NEC 7	·		Y					ļ	
TITLE	 			DELETE	4.1 Tr		1-211					-{ -	Change	Addition	
NAME	}			LJ ORCH	4 2 N		1		7				Onango		
. 4	{				1		, nobeed		7 (ì		. 1	
STREET ADDRESS					ŧ		ADDRESS		1 :	}		•		ļ	
CITY-ST-ZIP	 -			DELETE	5.1 Ti	IY-SI	- ZIP					<u></u>	Change	☐ Addition	
	}			L) been	1		- 1		;			:	☐ Cuarific	L Addition (
NAME	į.				5.2 NA		[,	
STREET ADDRESS							ADDRESS		:			1		Į.	
CITY-ST-ZIP	 			Lactor		1Y-ST	·ZIP						100	1 4 4 100	
TITLE	ł			DELETE	6110		}] Change	Addition	
NAME	ļ				6.2 NA	-						4			
STREET ADDRESS	Ī				6.3 ST	REET A	ADDRESS							ŀ	
DITY-ST-ZIP	<u> </u>				6.4 CI										
14. do here	by certify that	It the information supplied this appual report of the durporation	ied with this filin	g does not qualify	y for the	exen	nption sta	ated in	Section 119	.07(3)(i), Florid	da Statute	s. I further	certify that	the	
I am an c	officer or dire	clor of the gurporation	or the receiver of	or trustee empow	ered to e	xecu	ite this re	port a	is required by	Chapter 607	, Florida S	itatutes; a	nd that my r	ame	
appears	in Block 12 q	Block 12 if changed,													
CIONIAT	THE.	- 人 <i>/2</i> (c)		1344.01	(N) IN	ΑĐ	100			2-20-	97	012	200	7419	
SIGNAT	UKE: .			トリントいくせい			11600		0	,	//	בוא .	0/2	1717	