

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 # 828644

(5)

1. Corporation Name

MILASTAR CORPORATION

Principal Place of Business

9 VIA PARIGI  
PALM BEACH FL. 33480

Mailing Address

9 VIA PARIGI  
PALM BEACH FL. 33480-4612

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

09/14/1972

3a. Date of Last Report

12/04/1996

4. FEI Number

13-2636669

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CTD	DUNCAN, J. RUSSELL	9 VIA PARIGI PALM BEACH FL	SD	<input type="checkbox"/>
SD	DUNCAN, LANCE H.	9 VIA PARIGI PALM BEACH FL	PDV	<input type="checkbox"/>
PDV	MCGURK, L. MICHAEL	9 VIA PARIGI PALM BEACH FL	D	<input type="checkbox"/>
D	JOHNSON, C. PAUL	9 VIA PARIGI PALM BEACH FL	S	<input type="checkbox"/>
S	STEVERMER, DENNIS J	9 VIA PARIGI PALM BEACH FL		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE <td></td> <td>2.2 NAME<td>2.3 STREET ADDRESS<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>		2.2 NAME <td>2.3 STREET ADDRESS<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	2.3 STREET ADDRESS <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-ST-ZIP <td></td> <td>3.1 TITLE<td>3.2 NAME<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>		3.1 TITLE <td>3.2 NAME<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	3.2 NAME <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS <td></td> <td>3.4 CITY-ST-ZIP<td>4.1 TITLE<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>		3.4 CITY-ST-ZIP <td>4.1 TITLE<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	4.1 TITLE <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
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5.1 TITLE <td></td> <td>5.2 NAME<td>5.3 STREET ADDRESS<td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></td></td>		5.2 NAME <td>5.3 STREET ADDRESS<td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></td>	5.3 STREET ADDRESS <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-ST-ZIP <td></td> <td>6.1 TITLE<td>6.2 NAME<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>		6.1 TITLE <td>6.2 NAME<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	6.2 NAME <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
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14. I do 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. I changed, or on an attachment with an address.

SIGNATURE:

*Dennis J. Stevermer* DENNIS J. STEVERMER

3-19-97

612-929-7815

Date Daytime Phone # 6008917

CR2E034 (9/96)