FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **833834** **(5)**

1. Corporation Name
MILF REALTY CO.

Principal Place of Business	Mailing Address
C/O CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324	C/O CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324

3. Date Incorporated or Qualified: **02/14/1975**
3a. Date of Last Report: **04/26/1995**

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

2a. Mailing Address
26 1200 S. Pine Island Road
Suite, Apt #, etc.
27 ______
City & State
28 Plantation, FL
Zip 29 33324 Country 30 ______

4. FEI Number: **23-1624200** ☐ 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**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PENNINGTON, FRED A.		1.2 NAME	
STREET ADDRESS	755 21ST AVENUE SOUTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PENNINGTON, FRED A. JR.		2.2 NAME	
STREET ADDRESS	307 BELAIRE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	SHIREMANSTOWN PA		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MOYER, SHERRIL		3.2 NAME	Moyer, Sherill
STREET ADDRESS	1641 CLARKS VALLY RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DAUPHIN PA		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BEKELJA, L. MICHAEL		4.2 NAME	
STREET ADDRESS	5901 CANYON ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: L. Michael Bekelja Treas 2/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
L. MICHAEL BEKELJA

CR2E034 (12/95)