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Secretary of State

03-09-1999 90038 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F58921

1. Corporation Name

MILLER WOODCRAFT, INC.

Principal Place of Business

**4244 PETERS RD
FT LAUDERDALE FL 33317**

Mailing Address

**4244 PETERS RD
FT LAUDERDALE FL 33317**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1981

4. FEI Number

59-2281162

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 owes the current year Intangible
Personal Property Tax: ☒ Yes ☐ No

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

**MILLER, SIDNEY
4244 PETERS ROAD
PLANTATION, FL**

10. Name and Address of New Registered Agent

81 Name

Debra Miller

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

447 N.W. 107 AVE

83

84 City

Coral Springs**FL**

85 Zip Code

33071

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

4/10/99

12. OFFICERS AND DIRECTORS

TITLE

STD

☐ DELETE

NAME

MILLER, ROBERTA

STREET ADDRESS

4244 PETERS ROAD

CITY-ST-ZIP

FT LAUDERDALE, FL 00000

TITLE

PD

☒ DELETE

NAME

MILLER, SIDNEY

STREET ADDRESS

4244 PETERS ROAD

CITY-ST-ZIP

FT LAUDERDALE, FL 00000

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Debra Miller**447 N.W. 107 Ave****Coral Springs, FL 33071**

2.1 TITLE

☐ Change☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTA MILLER**3/10/99**

Date

(954) 584-0200

Daytime Phone #

CR2E034 (1/198)