FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F93000000326 (9)**

1. Corporation Name
SAMUEL MILLER & CO.

Principal Place of Business	Mailing Address
7575 A NW 82ND ST MEDLEY FL 33166 US	7575A NW 82ND ST MEDLEY FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1993
3a. Date of Last Report: 05/24/1994

21 2. Principal Place of Business	25 2a. Mailing Address	4. FEI Number: 36-2414628	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: CRAIG MILLER
82 Street Address (P.O. Box Number is Not Acceptable): 7577 N.W. 82nd Street
83
84 City: Medley FL 85 Zip Code: 33166

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: CRAIG MILLER, STD — 3/25/94
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	PCD	11 TITLE	PCD ☒ Change ☐ Addition
NAME	MILLER, PHILIP A	12 NAME	MILLER, PHILIP A
STREET ADDRESS	125 REVERE DRIVE	13 STREET ADDRESS	7577 N.W. 82nd Street
CITY-ST-ZIP	NORTHBROOK IL 60062	14 CITY-ST-ZIP	Medley, FL 33166
TITLE	STD	21 TITLE	STD ☒ Change ☐ Addition
NAME	MILLER, CRAIG	22 NAME	MILLER, CRAIG
STREET ADDRESS	125 REVERE DRIVE	23 STREET ADDRESS	7577 N.W. 82nd Street
CITY-ST-ZIP	NORTHBROOK IL 60062	24 CITY-ST-ZIP	Medley, FL 33166
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: CRAIG MILLER, STD — 3/25/94 — 864-2377 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0170027 CP