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

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City & State

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FLORIDA DEPARTMENT OF STATE

City & State

Zip

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Country

CORPORATION ANNUAL REPORT 1997	Sandra B. Mortham Secretary of State DIVISION OF CORPORATION	•	1997 8:00am ary of State		
DOCUMENT # F94 1. Corporation Name PR MILLER & ASSOCIATES,					
Principal Place of Business Mailing Address					
2984 CARPENTER RD 2884 CARPENTER RD SUITE 100 SUITE 100 ANN ARBOR MI 48108 ANN ARBOR MI 48108-1124					
		3. Date Incorporated or Qualified 01/18/1994	3a. Date of Last Report 05/01/1996		
2. Principal Place of Business	2a. Mailing Address	4, FEI Number	Applied For		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	38-2744969 5. Certificate of Status Desired	Not Applicable \$8.75 Additional		

Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLER, PAULETTE R 901 SW MARTIN DOWNS, Suite 210 82 Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 В3 84 City Zip Code

Country

6. Election Campaign Financing

8. This corporation has liability for intangible tax under s. 199.032,

Trust Fund Contribution

11. Pursuant to the provisions of Sections 607.05:02 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered

office or r agent. I a	egistered agent, or both, in the State of Florida. S im familiar with, and accept the obligations of, Se	luch change was a ction 607.0505, Flo	uthorized by the corporati ida Statules.	tion's board of directors. Thereby accept the appointment	as registered
SIGNATURE		A TELEVISION OF THE STATE OF TH	A CONTRACTOR OF THE TOTAL	red when renstitings DATE	
12.	Signature, typed or printed name of registering agent and the if applicable (NOTE OFFICERS AND DIRECTORS		DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		ORS IN 12
TITLE	P	DELETE	111011	☐ Changi	
NAME	MILLER, PAULETTE R		1 2 NAME		
STREET ADDRESS	2864 CARPENTER RD, SUITE 100		1.3 STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI		1.4 C(1) Y - S1 - 7 (P		
TITLE	V	DELETE	2 1 TH LF	Changi	e 🔲 Addition
NAME	HORWOOD, JANICE L STEVE		2 ? NAME		
STREET ADDRESS	2864 CARPENTER RD, SUITE 100		2 3 STREET ADDRESS		
CITY-ST-2IP	ANN ARBOR MI		2 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	31 TITLE	☐ Changi	e 🔲 Addition
NAME	HELLER, NORMA G.		3 ? NAME		
STREET ADDRESS	2864 CARPENTER RD., SUITE 100		3 3 STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI		3.4 CHY-S1-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Changi	e 🔲 Addition
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY- ST- 7IP		
TITLE		DELETE	5.1 TITLE	☐ Change	e Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TIPLE	Chang	e 🔲 Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STRELT ADDRESS		
CITY_ \$T_ 7ID			6 / CITY - \$1 - 719		

I 6.4 CITY- \$1-ZIP

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 if changest, or on an attachment with an address.

PLMINE

#/21/97 2/2-97/-390()

Fee Required

\$5.00 May Be

Added to Fees