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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

rincipal Place of Business	Mailing Address					
1 FOURWINDS RD. ONDON. ONTARIO N8K 3L1 IA	61 FOURWINDS RD. London, Ontario N6K 3L1 Ca					
Principal Place of Business	2a. Mailing Address					
Sulte, Apt. #, etc.	Suite, Apt. #, etc.					

FILED Jan 29 1998 8:00am Secretary of State

MILLER INVESTMENTS INC. DELAWARE CORPORATION Principal Place of Business Mailing Address 61 FOURWINDS RD. LONDON, ONTARIO NSK 3L1 CA CA CA CA CA CA CA CA CA CA								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1994							
2. Principal	Place of Busi	ness)	, Mailing	Address				-	4. FEI Number			\vdash	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt.					.pt. #, etc.					98-012532	3			Not Applicable	
22				27	 						5. Certificate of Sta	tus Desired			Additional Required
City & State					City & State						6. Election Campai	gn Financing		\$5.0	May Be
23	<u>.</u>	,		28	L		, _				Trust Fund Conti	ribution			d to Fees
Zip 24		25	Country		Zip			Country	•		8. This corporation	,		rrent year l	Intangible ☑ No
24	Name		Address of Curr	29 ent Regi:	stered Ag	ent	30				Personal Propert 10, Name and Adde				Z 140
R	ANNELS, LY							61	Name		10,				
2006 GLENN RD. CLEARWATER FL 34624							62	Street Ade		ss (P.O. Box Number	in Not Accept	abla)			
							02	5000	- 40016	ss (F.O. DOX (VUITIDE)	is inot Accepti	aule)			
								83							
								84	City					85 Zi	p Code
11. Pursuan	to the provis	inne d	Sections 607 0	in2 and f	307 1508	Elorida Statut	toc th	o above	- named	d corno	vation submits this sta	tement for the	FL		ite registered
office or	registered as	ent, o	or both, in the Sta	te of Flori	ida Such	change was	author	ized by	the cor	rporatio	oration submits this sta on's board of directors	Thereby acc	epi the api	pointment a	as registered
SIGNATURE		((1), 44)	id Rocept the obli	gallona c	n, becken	007.0000,71	onda i	Starutes	.						
	Signature, types	or prin	ted name of registered a			(NO)	_		nt signatur	e required	d when reinstating)		DATE		
12.	PSTD		OFFICERS A	ND DIRE		DELETE		.1 TITLE			ADDITIONS/CHAP	NGES TO OFF	ICERS AN	D DIRECTO	
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STREET ADDRESS			VD S RD.				2	3 STREET	address						
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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 trustoe 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.

TUDE. QL.C.M.H. V. J. B. B. B. SR

0 1000 510 1123-31101 x312