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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9400006663 (8)

FILED Apr 10 1997 8:00am Secretary of State

MILLER Principal Place 5290 NW 74TH LAUDERHILL F	H TERRACE	Mailing Address 5290 NW 74TH TERRACI LAUDERHILL FL 33319-6			
				 Date incorporated or Qualified 12/29/1994 	3a. Date of Last Report 05/01/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21			ommercial Blvd	88-0259504	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 208			Fee Required
City & Stall	e	City & State 28 Ft Laude	rdale	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Z-p	Country	Zip	Country USA		or intangible tax under s. 199.032,
24	25	29 33308	30 Browar &	Florida Statutes	Ves No
	9. Name and Address of Curren			10. Name and Address of New I	
MIL	LER, MURRAY		81 Name	ller, Murray 90 Go ress (P.O. Box Number is Not Accept	Hich & Kinker PA
	00 NW 74TH TERRACE		82 Street Add	ress (P.O. Box Number is Not Accept	table)
LAL	JDERHILL FL 33319			9 E. Commercial Bly	1d # 208
			83		
			84 City.	1 1 . 1	FL 85 Zip Code 3 3 3 0 8
ļ			1 1	anderdale	
11. Parsuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	utes, the above-named corp authorized by the corpora	poration submits this statement for the tion's board of directors. I hereby acc	ept the appointment as registered
agent. La	am familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statutes		
SIGNATURE			NT B		DATE
12.	Signature, Good or printed name of registered age OFFICERS AND		OTE: Registered Agent signature requ		
THEF	P	DELETE	1.1 TITLE F		FICERS AND DIRECTORS IN 12 Section Addition
NAME	MILLER, SUSAN			iller, Susan Clo Gott	
STREET ADDRESS	5290 NW 74TH TERRACE		1.3 STREET ADDRESS 2	929 E Commercial B	lieb & Kinker P.H. lyd # 208 13308
CITY - S1 - ZIP	LAUDERHILL FL 33319			+ Lauderdale, FL 3	3308
THLE	D	DELETE	2 1 71715	<u> </u>	Channe Addition (
NAME	MILLER, MURRAY J		2.2 NAME	iller, Murray Je/o 6 929 E Commercial B	sotlieb & Kinker PA
STREET ADDRESS	5290 NW 74TH TERRACE		2.3 STREET ADDRESS 2	929 E Commercial &	3/vd # 208
CHY-SI-ZIP	LAUDERHILL FL 33319		2 4 CITY-ST-ZIP	+ Landerdale, FL	33308
Title		DELETE	3.1 TITLE		. Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY - ST - 2HP			3.4. CITY+ST-ZIP		
1/1/1	1	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4/9 STREET ADDRESS		
CHY-S1-ZIP	Particular production of the second s	DECEST.	4.4 CITY+ST-ZIP		
TITLE	}	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	}		5 3 STREET ADDRESS		1
CITY - ST - ZIP		DELETE	5.4 CITY - ST - ZIP	11 	Change Addition
TITLE		בין טנגנונ	6.1 TITLE		C Overige C Auditor
NAME CTOSS E A DOUGLOS			6.2 NAME		
STREET ADDRESS	1		6 3 STREET ADDRESS		Į
14 Loo horo	thy certify that the information sumplies	d with this line does not due	6.4 CITY-ST-ZIP	d in Section 119 07(3)(i) Florida Statu	ites. I further certify that the

rate reverse certify that the information supplied with this plant goes not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report or supplier final annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the regriver 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 in a gratichment with an address.

SIGNATURE:

SIGNING OFFICER OF DIRECTOR