

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

PROFIT
CORPORATION
ANNUAL REPORT

1998



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

DOCUMENT # F95000003197 (9)

1. Corporation Name
MILL'S PRIDE, INC.

Principal Place of Business
423 HOPEWELL ROAD
WAVERLY OH 45690

Mailing Address
250 AUSTRALIAN AVENUE
13TH FLOOR
WEST PALM BEACH FL 33401-5010
US

FILED
May 27 1998 8:00am
Secretary of State

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/03/1995		3a. Date of Last Report 1/27/97	
21		26		4. FEI Number 06-1241754		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

JAMES F. ARPE
250 S. AUSTRALIAN AVENUE
13TH FLOOR
West Palm Beach, FL. 33401

10. Name and Address of New Registered Agent

81 Name Michael A. Connolly
82 Street Address (P.O. Box Number is Not Applicable)
250 AUSTRALIAN AVE, 13th Floor
83
84 City West Palm Beach FL 85 Zip Code 33401

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 Michael A. Connolly SECRETARY Michael A. Connolly 4/29/98
Signature, typed or printed name of registrant, age and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	DELETE
NAME	HEALEY, MALCOLM S	
STREET ADDRESS	423 HOPEWELL ROAD	
CITY-ST-ZIP	WAVERLY OH 45690	
TITLE	D	DELETE
NAME	HEALEY, ANGELA	
STREET ADDRESS	423 HOPEWELL ROAD	
CITY-ST-ZIP	WAVERLY OH 45690	
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

1.1 TITLE	Chief Executive officer	Change	Add
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	CFO, Secretary, treasurer	Change	Add
2.2 NAME	Michael A. Connolly		
2.3 STREET ADDRESS	250 S. Australian Avenue, 13th Floor		
2.4 CITY-ST-ZIP	West Palm Beach, FL. 33401		
3.1 TITLE	President	Change	Add
3.2 NAME	David T. Olman		
3.3 STREET ADDRESS	250 S. Australian Avenue, 13th Floor		
3.4 CITY-ST-ZIP	West Palm Beach, FL. 33401		
4.1 TITLE		Change	Add
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Add
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Add
6.2 NAME	500002538335		
6.3 STREET ADDRESS	-05/28/98--01017--016		
6.4 CITY-ST-ZIP	***150.00		

14. 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. 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 as an attachment with an address.