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 # F9700001686 (1)

MILNOR CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

FILED Mar 02 1998 8:00am Secretary of State



| 13471 MILES STANDISH PORT PALM BEACH GARDENS FL 33410 | | 13471 MILES STANDISH PORT PALM BEACH GARDENS FL 33410 | | DO NOT WRITE IN THIS | SPACE | |
|---|--|--|------------------|----------------------------------|--|--------------------------------|
| | | | | | Date Incorporated or Qualified 04/02/1997 | |
| 2. Principal Pia | | 2a. Mailing Address | · <+ | N.C.4- | 4. FEI Number | Applied For |
| 21 [[5 | 1st Street | 26 | <u> </u> | 166 | 11-2313518 | Not Applicable |
| Suite, Apt. # | f, etc. | Súite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | iter FL | City & State 28 JUAITER | FL | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 3 3 4 5 | | | 30 Au | H BOAC | <u> </u> | ☐ Yes ☐ No |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered | Agent |
| NOVIE, MILTON | | | | B1 Name | | |
| 13471 MILES STANDISH PORT Palm Beach Gardens FL 33410 | | | 82 | | dress (P.O. Box Number is Not Acceptable) | |
| | | | 183 | | | |
| | | | 64 | | FL | 85 Zip Code |
| 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 Stonature, truced or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| | Signature, typed or printed name of registered agent | | | ent signature requ | uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 12 |
| 12. | OFFICERS AND | DELETE | 13. 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICERS AND | Change Addition |
| | NOVIE. MILTON | C. Ottere | 1.2 NAME | | | |
| NAME CINCULARDOSCOS | 203-02 ROCKY HILL ROAD | | | ADDRESS | | [8 |
| STREET ADDRESS CITY-ST-ZIP | BAYSIDE NY 11361 | | 1.4 CITY - S | | | |
| TITLE | SD | DELETE | 2.1 TITLE | 11-211 | | ☐ Change ☐ Addition |
| NAME | NOVIE, NORMA | | 2.2 NAME | | | |
| STREET ADDRESS | 203-02 ROCKY HILL ROAD | | | ADDRESS | | |
| CITY-ST-ZIP | BAYSIDE NY 11361 | | 2. 4 CITY • | i | | |
| TOLE | | DELETE | 3.1 TITLE | 3, 2,, | | Change Addition |
| NAME | | _ | 3.2 NAME | į | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY~ | | | |
| TALE | | ☐ DELETÉ | 4.1 TITLE | - | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - S | 6T-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | + |
| CITY-ST-ZIP | | | 5.4 CITY-S | - 1 | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change Addition |
| NAME | | | 6.2 NAME | | | İ |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-5 | I | | |
| | with that the information supplied wit | this films does not qualify to | | | o Section 119 07(3)(i). Florida Statutes, Lifurther of | artify that the information |

indicated on this annual report or supplied with this litting does not quality for the exemption stated in Section 119.0/(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 furstee improvement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged or on an attachment with an address.

CIONATURE.

Tille Marie

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