Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F98000001991

1. Corporation Name

MILL'S PRIDE PREMIER, INC.

Principal P	lace of	Business
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2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

250 SOUTH AUSTRALIAN AVENUE. 13TH FLOOR WEST PALM BEACH FL 33401

250 SOUTH AUSTRALIAN AVENUE, 13TH FLOOR WEST PALM BEACH FL 33401

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90029 017 ***150.00



DO	MOT	WITE	INL	ZHT	SDA	^

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

04/07/1998

31-1590652

4. FEI Number

City & Stat	e		City & State					6. Ele	ction Ca	mpaign	Financin	g _		\$5.00	May Be
23		28						Tru	st Fund	Contrib	ution			Added	to Fees
Zip	Country		Zip	Cou	ntry			8, Thi	s corpor	ation ov	ves the cu	irrent y	ear Inta	angible	
24	25	29		30				Pe	rsonal Pi	operty	Tax.			☐ Yes	□No
	9. Name and Address of Curre	nt Regis	tered Agent					10. Na	me and	Addres	s of Nev	Regis	stered A	Agent	
					81	Name									
	PORATION SERVICE COMPANY	1			82	Street /	Addres	s (P.O.	Box Nur	nber is	Not Acce	otable)			
	HAYS STREET							- (
TALL	AHASSEE FL 32301-2525				83										
					84	City								85 Zip	Code
					-	City							FL		
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florid	ia. Such change was a	authorized	by t	the corpo	corpora oration	ation su s board	bmits thi of direct	s staten tors. I h	nent for the ereby acc	ept the	ose of appoin	changing i ntment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title	if applicable. (NOTE	: Registered	Agent	t signature re	equired w	hen reinsta	ating)			D	ATE	-	
12.	OFFICERS A		CTORS	13.						CHANG	SES TO C	FFICE			ORS IN 12
TITLE	PD		DELETE	1.1 TIT	LE		Pre	esid	ent					Change	e 🔲 Addition
NAME i	OLMAN, DAVID T			1.2 NA	ME		Mi	cha	.el A	·Co	nnel	14.		12+14	
STREET ADDRESS;	250 SOUTH AUSTRALIAN AVI	ENUE, 1	3TH FLOOR	13 ST	REET	ADDRESS	25	50 €	; Au	STIE	elian	∿₺	VK.	201	01
CITY-ST-ZIP	WEST PALM BEACH FL 3340			1.4 CF	Y-ST	-ZIP	W	est	PAR	m E	seach	' <i>i</i>	し、	13th 334	<u> </u>
TITLE	TSD		☐ DELETE	2.1 TIT	LE									Change	
NAME	CONNELLY, MICHAEL			2.2 NA	ME										
STREET ADDRESS	ACO COURT ALIOTOALIAN AVE	ENUE. 1	3TH FLOOR	2.3 ST	REET	ADDRESS									
CITY-ST-ZIP	WEST PALM BEACH FL 3340		. •	. 2. 4 CI	TY-SI	T-ZIP									
TITLE	-	-	DELETE	3.1 TII										Change	e
NAME				3.2 NA	ME										
STREET ADDRESS				3.3 ST	REET	ADDRESS									
CITY-ST-ZIP				3 4. CI	TY-S1	T-ZIP									
TITLE			☐ DELETE	4.1 TIT	LE.									☐ Chang	e 🔲 Addition
NAME				4 2 N	AME	ļ									
STREET ADDRESS				4.3 ST	REET	ADDRESS									
CITY-ST-ZIP				4.4 CF											
TITLE			☐ DELETE	5.1 TIT										Chang	e Addition
NAME				5.2 NA	ME										
STREET ADDRESS				5.3 ST	REET	ADDRESS									
CITY-ST-ZIP				5.4 CF	TY-ST	r-ZIP									
TITLE			☐ DELETE	6.1 TIT	LE									Chang	e 🔲 Addition
NAME				6.2 NA	ME										
STREET ADDRESS				6.3 ST	REET	ADDRESS									
				6.4 CF	TY-ST	r-zip									
CITY-ST-ZIP	 certify that the information supplied v	vith this f	iling does not qualify fo	or the ever	mnti	on stated	in Sed	ction 11	9.07(3)(i), Florid	a Statute	s. I furt	her cer	tify that the	e information
indicated	on this annual report or supplement	al annua	I report is true and acc	urate and	that	: mv sian	ature s	mali nav	/e the sa	me lega	н епеста	s it mad	ae una	er oaun, una	ati am an

SIGNATURE: