


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

FILED
May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name MILLATHANE, INC. <i>G33132</i>			
Principal Place of Business 5260 113TH AVENUE NORTH PO BOX 17225 CLEARWATER, FL 34622		Mailing Address 5260 113TH AVENUE NORTH PO BOX 17225 CLEARWATER, FL 34622	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1983		3a. Date of Last Report 1996	
21		25		4. FEI Number 59-2277920		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 City & State		29 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent KLINGEL, ROBERT R. 5260 113TH AVENUE NORTH CLEARWATER, FL 34620				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KLINGEL, ROBERT R.	1.2 NAME	KLINGEL, ROBERT R.
STREET ADDRESS	5260 113TH AVENUE NORTH	1.3 STREET ADDRESS	15530 GULF BLVD
CITY-ST-ZIP	CLEARWATER, FL 34620	1.4 CITY-ST-ZIP	REDINGTON BEACH, FL 33708
TITLE		2.1 TITLE	SD
NAME		2.2 NAME	KLINGEL, DIANE M.
STREET ADDRESS		2.3 STREET ADDRESS	15530 GULF BLVD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	REDINGTON BEACH, FL 33708
TITLE		3.1 TITLE	TD
NAME		3.2 NAME	TOTTLE, DAVID J.
STREET ADDRESS		3.3 STREET ADDRESS	5044 KILKENNEY COURT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE		4.1 TITLE	CD
NAME		4.2 NAME	KLINGEL, SR., WALTER C.
STREET ADDRESS		4.3 STREET ADDRESS	PO BOX 130
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MORRISTON, FL 32688
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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; that 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 on an attachment with an address.

SIGNATURE: *Robert R. Klingel* ROBERT R. KLINGEL, PRESIDENT

CR2E034 (9/96)