FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra 8 Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # H26223

1. Corporation Name

(8)

MILCO, INC.

Principal Place of Business Mailing Address	165 N.W. 98TH TERR.	165 N.W. 98TH TERR.
		Mailing Address



165 N.W. 98TH TERR. PLANTATION FL 33324			165 N.W. 96TH TERR. PLANTATION FL 33324						
						3. Date Incorporated or Qualified 10/15/1984	3a. Date of L 07/10	ast Report)/1995	
2. Principal Pla	ace of Business	2a, Mailing Ad	idress			4. FÉI Number		Applied For	
21						59-2451697		Not Applicable	
		Strite, Apt	-1 ,		5. Certificate of Status Desired	1 1	8.75 Additional Fee Required		
City & State	2	City & Sta	te			6. Election Campaign Financing		55.00 May Be	
23		28				Trust Fund Contribution		Added to Fees	
7ip 24	Country 25	Ζη: 29]	30	untry		8. This corporation has liability for Horida Statutes	intang/ble tax uni : []] No	der s. 199.032.	
24	g. Name and Address of Cu			1		10. Name and Address of New F			
	g, italio alia riasioso oi es			81	Name				
GRESTY	' DAVIC)					dress (P.O. Box Number is Not Acceptab	ala:		
	/. 98TH TERR.			82	Street Add	oress (P.O. Box Number is Not Acceptad	ne,		
	TION FL 33324			83					
				84	City		85	Zip Code	
				04	City		FL	, zip code	
SIGNATURE	th, and accept the obligations of, S			د د ید ا	1 Signation for pri	esd who meretating	DAIL		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
THE	V		DELETE 11	1 111 . F			□ 0H	ange 🔲 Addition	
NAME	GRESTY, DAVID A.			MAME	Ì				
STREET ADDRESS	165 N.W. 98TH TERR.				ADDRESS				
CITY - ST - ZIP	PLANTATION FL			DITY - S Title	91- ZIP		Γη Cr	nange 🔲 Addit on	
TITLE NAME		יני		VAME				enge 🔲 Adait an	
STREET ADDRESS			•		ADDRESS				
CiTY - ST - Z-P					SE-ZIF				
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NAME			3.2	VAME					
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STREET ADDRESS					LADORESS				
C-TY-ST-ZiP			li i		ST-2iP				

14. To hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954.370,5856