FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **H32952** **(4)**

1. Corporate Name

MILLER EQUIPMENT LEASING, INC.

Principal Place of Business	Mailing Address
1300 NORTH FEDERAL HWY., #101 BOCA RATON FL 33432	1300 NORTH FEDERAL HWY., #101 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1984	3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2473088	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. The corporation has had no reportable tax under Florida Statutes: ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, COREY P. 17856 BONIELLO DRIVE BOCA RATON FL 33496	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 Section 607.325, 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 607.325, Florida Statutes.

SIGNATURE: (If changing the registered agent, this statement must be signed by the new registered agent.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14	
1 TITLE	P	1 TITLE	☐ Change ☐ Addition
1 NAME	MILLER, COREY P.	1 NAME	
1 STREET ADDRESS	17856 BONIELLO DR	1 STREET ADDRESS	
1 CITY-ST-ZIP	BOCA RATON FL	1 CITY-ST-ZIP	
2 TITLE	D	2 TITLE	☐ Change ☐ Addition
2 NAME	MILLER, LAUREN	2 NAME	
2 STREET ADDRESS	17856 BONIELLO DR	2 STREET ADDRESS	
2 CITY-ST-ZIP	BOCA RATON FL	2 CITY-ST-ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with the blanks of this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 I am aware of the penalties set forth for knowingly signing, authorizing or verifying any document with an address.

SIGNATURE: [signature] LAUREN MILLER 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

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