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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H50347** (4)  
1. Corporation Name  
**MILLARD INTERNATIONAL INC.**

Principal Place of Business  
**2500 E. HALLANDALE BEACH BLVD.  
SUITE 407G  
HALLANDALE FL 33008-3074**

Mailing Address  
**P.O. BOX 811510  
BOCA RATON FL 33481-1510**



3. Date Incorporated or Qualified  
**04/03/1985**

3a. Date of Last Report  
**02/13/1996**

2. Principal Place of Business 21 <b>550 Biltmore Way</b> Suite, Apt. #, etc. 22 <b>#1230</b> City & State 23 <b>Coral Gables, FL</b> Zip 24 <b>33134</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number <b>59-2542826</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**LEVY, ANITA HORVATH  
6605 NW 24 AVE.  
BOCA RATON FL 33496**

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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEVY, JACK M			1.2 NAME			
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD., #407G			1.3 STREET ADDRESS			
CITY - ST - ZIP	HALLANDALE FL			1.4 CITY - ST - ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEVY, ANITA H			2.2 NAME			
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD., #407G			2.3 STREET ADDRESS			
CITY - ST - ZIP	HALLANDALE FL			2.4 CITY - ST - ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BORKOWSKI, HARRIET			3.2 NAME			
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD., #407G			3.3 STREET ADDRESS			
CITY - ST - ZIP	HALLANDALE FL			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LIGHT, JOHN D			4.2 NAME			
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD., #407G			4.3 STREET ADDRESS			
CITY - ST - ZIP	HALLANDALE FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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: **Anita H. Levy** **4/25/97** **561,994-2526**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)