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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H51734

(2)

NICK MILLER, INC.

ripal Place of Business	Mailing Address
O RCA BLVDSTE.105	2560 RCA BLVDSTE.105
M BCH.GARDENS FL 33410	PALM BCH.GARDENS FL 33410

## **FILED** Jan 28 1998 8:00am Secretary of State



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2560 RCA BLY	VDSTE.105	2560 RCA BLVDSTE.10				
PALM BCH.GA	ARDENS FL 33410	PALM BCH.GARDENS FL	. 33410	DO NOT WRITE IN TI	LIC CDACE	
				3. Date Incorporated or Qualified	I IIO OF AUL	
				04/11/1985		
- B		S At-Disc Address		4. FEI Number	1 10-	ation For
	tace of Business	2a. Mailing Address			/ —	plied For
21		[26]		59-2545213		t Applicable
Suite, Apt, 1	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>√ \$8.75</b> A Fee Re	
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	e current/ear Int	angible
24	25	29	30	Personal Property Tax due June 30.		No
241	9. Name and Address of Curre		144	10. Name and Address of New Registe	red Agent	•
L#II	LER, NICHOLAS D.		81 Name			
	· · · ·					
	274 S.E. RIDGE VIEW DRIVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
, IE(	QUESTA FL 33469		83			<del></del>
Ì			%			
Ì			84 City		85   Zip (	Code
1					FLII	
<ol><li>11. Pursuant t</li></ol>	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	tes, the above-named co	reporation submits this statement for the purpor	se of changing it	s registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Fiorida. Such change was inations of Section 607.0505. Fl	aumonzed by the corpora orida Statutes.	rporation submits this statement for the purpo- ation's board of directors, I hereby accept the	sa manumordas	registered
agent, rai	iti idiimidi widi, diid decept die oon	igationia at, acation ear teach, i	eriaa etateteer			
SIGNATURE .	Signature, typod or printed name of registered a					
	Signature, typed or printed name of registered a	agent and title if applicable. (NOT	TE: Registered Agent signature req	julred when reinstating) DA	NTE .	S IN 12
12.	OFFICERS A	opent and title if applicable. (NOT	TE: Registered Agent signature requests		AND DIRECTOR	S IN 12
12.	OFFICERS A	agent and title if applicable. (NOT	TE: Registered Agent signature required 13.	julred when reinstating) DA	NTE .	
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12. TITLE NAME STREET ADDRESS	PD MILLER, NICHOLAS D. 18274 S.E. RIDGE VIEW DR	opent and title if applicable. (NOT NO DIRECTORS	TE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	julred when reinstating) DA	AND DIRECTOR	
12. TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS A PD MILLER, NICHOLAS D. 18274 S.E. RIDGE VIEW DR TEQUESTA FL	gent and title if applicable. (NOT NO DIRECTORS	TE: Registered Agent signature required 13.  1.1 TiTLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	julred when reinstating) DA	AND DIRECTOR Change	Addition
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indicated on this annual report of supplies with this iming does not quality in the exemption stated in declared in 1907(3)(), Florida Statutes, Further certify that the information indicated on this annual report of supplies entering that the same legal effect as if made under oath; that I am an officer or director of the corporation or the faceiver 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 any address.