

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **H91611** (4)

1. Corporation Name
STEVEN C. MILLWEE & ASSOCIATES, INC.

Principal Place of Business
**4919 MEMORIAL HWY. #104
TAMPA FL 33634**

Mailing Address
**4919 MEMORIAL HWY. #104
TAMPA FL 33634**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3820 Northdale Blvd. Suite, Apt. #, etc. 22 Suite 115A City & State 23 Tampa, FL Zip 24 33624		2a. Mailing Address 26 3820 Northdale Blvd. Suite, Apt. #, etc. 27 Suite 115A City & State 28 Tampa, FL Zip 29 33624		3. Date Incorporated or Qualified 12/23/1985		3a. Date of Last Report 12/19/1996	
				4. FEI Number 59-2616629		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MILLWEE, STEVEN C. 4919 MEMORIAL HWY., #104 TAMPA FL 33634				10. Name and Address of New Registered Agent 81 Name Millwee, Steven C. 82 Street Address (P.O. Box Number is Not Acceptable) 3820 Northdale Blvd. 83 Suite #115A 84 City Tampa FL 85 Zip Code 33624			
--	--	--	--	--	--	--	--

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD	MILLWEE, STEVEN C.	4919 MEMORIAL HWY #104 TAMPA FL		PD	Millwee, Steven C.	3820 Northdale Blvd. #115A Tampa, FL 33624
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	VD	MILLWEE, CHRISTINE R.	4919 MEMORIAL HWY #104 TAMPA FL		VD	Millwee, Christine R.	3820 Northdale Blvd. #115A Tampa, FL 33624
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	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

Steven C. Millwee 09/16/97 (813)885-4100

CR2E034 (4/97)