

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # J34531 (0)

1. Corporation Name
MILLER LAND SURVEYING, INC.



Principal Place of Business
401 W. LANTANA ROAD
#10
LANTANA FL 33462

Mailing Address
P.O. BOX 3646
LANTANA FL 33462

3. Date Incorporated or Qualified 09/19/1986 3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2814716	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fees Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, MICHAEL J.
401 W. LANTANA RD.
SUITE 10
LANTANA FL 33462

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

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	1.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
NAME	STREET ADDRESS	1.2 NAME	
CITY - ST - ZIP	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
	1.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
NAME	STREET ADDRESS	2.2 NAME	
CITY - ST - ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
	2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
NAME	STREET ADDRESS	3.2 NAME	
CITY - ST - ZIP	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
	3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
NAME	STREET ADDRESS	4.2 NAME	
CITY - ST - ZIP	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
	4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
NAME	STREET ADDRESS	5.2 NAME	
CITY - ST - ZIP	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
	5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
NAME	STREET ADDRESS	6.2 NAME	
CITY - ST - ZIP	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
	6.4 CITY - ST - ZIP	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)