SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra & Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # J57997 (5)JIM MILLER, INC. Principal Place of Business Mailing Address 4915 STATE RD. 7 4915 STATE RD., 7 LAKE WORTH FL 33467 LAKE WORTH FL 33467 3. Date Incorporated or Qualified 3a. Date of Last Report 02/11/1987 06/30/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-2771265 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199 032 24] Yes [] No. 25 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MILLER, JAMES G. B2 4915 STATE RD 7, SOUTH Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 83 84 City 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. Thereby accept the appointment as registered agent. Lam familia. With, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 (36/8)DELETE 1.1 TITLE Change Addition TITLE NAME MILLER, JAMES GORDON 1.2 NAME **CR2E034** 1.3 STREET ADDRESS STREET ACCRESS 4915 STATE ROAD 7. SOUTH LAKE WORTH FL 1.4 CiTy - ST-2IP CITY - ST - ZIP Change Addition DELETE TITLE 2.1 DITUE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 CHTY - ST - ZIP DELE1E Change Addition THLE 3.1 Uh F 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY-ST-ZIP 3.4 CHY-SI ZIF DELETE Change Add-tion 4.1 HTLE TIBLE NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-SF-ZIP 44 CITY ST ZIP DELETE Change Addition TITLE 5.1 UIUE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 54 CiTY ST-7P DELETE 6 1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 1 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 617. Florida Statutes; and that my name appears in Block 12 3 if changed for on an attachment with an address SIGNATURE:

Caytot e Poene #