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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

MILLER, MIKE   12 NAME   13 STREET ADDRESS   5 OUTH-PORT FL   14 OTH-ST-ZIP   15 OTH-ST-ZIP	· Corporations		` '						
7813 TALMADOE AVE P. O. BOX M2 LIVIN HUMBER T. 22444-0842  2. Filt region fraction of Presentation of Presenta	MILLER	MARINE OF PANAMA C	ITY, INC.		I	 			
2. Principal Prince of Persenses 2. Principal Prince of Persenses 3. An Mering Address 3. Suite, April 4, etc.  City & State  Ci	7513 TALMADGE AVE. 7513 TALMADGE AVE. P. O. BOX 842 P. O. BOX 842					- 1881/HAR ENG ADITA BITA BOTA BROOT			<b>111</b> 14 18 <b>5</b> 1
2. Principal Process of Plusiness   2. Minimply Address   4. FET Number   Applied For Not	LYNN HAVEN	FL 32444	LYNN HAVEN PL 32444-08	42			J		port
Sale Apt # Enc.    Surie Apt # Enc.   Surie Apt #, etc.	2. Principal F	face of Business	2a. Mailing Address				<u></u>		plied For
Cry   State   Series   Cry   State   Cry		# ele				59-2956205		+	
City   State     City   State     State   State     State     State     State     State     State     State     State     State     State     State     State     State   State     State     State     State     State     State     State     State     State     State     State     State     State   State   State     State     State     State     State   State     State   State     State     State   State     State     State   St	22	27				5. Certificate of Status Desired			
Country   Zip   Country   Zip   Country   Zip   Country   State conformal liability for intemplibility to intemplibility and interplibility to intemplibil	City & Stat	56							
### MILLER, MICHAEL T513 TALMAGE ROAD SOUTHPORT LYNN HAYEN FL 32409  11. Purchastal for Pice precipitations of Sciencins FG7 0502 and 607 1508, Florida Statules, the above named corporation's submits this statement for the purpose of changing its registered digeral furnit manufacture with a management for the purpose of changing its registered digeral furnit management are management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management are management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit management for the purpose of changing its registered digeral furnit for purpose of changing its registered digeral furnit for purpose of	Ζφ	}	Zip		try	8. This corporation has liability to	r intangible tax u	ınder s.	
MILLER, MIKE 12. OF FICE IS AND DIRECTIONS  MILLER, MIKE 12. OF FICE IS AND DIRECTIONS  MILLER, MIKE 13. STANLANGE AVE.  14. STANLANGE SOUTHPORT FL  MILLER, MIKE 15. STANLANGE SOUTHPORT FL  MILLER, MIK	34			30]		1 to take blatered		_	
SOUTH-PORT LYNN HAVEN FL 32409  A City  FL  A City  FL					Name	· —···			
11. Fursional to the processors of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered edger or registered agent or host, in the State of Florida. Such change was sutherized by the corporation's board of directors. I hereby accept the appropriate as registered edger in an familiar with end accept the obligations of, Section 607 0505, Florida Statutes.   12.				E	Street Add	ddress (P.O. Box Number is Not Acceptable)			
11. Fursion to the processors of Sections EO7 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 submorzed by the corporation's board of directors. I hereby accept the appointment as registered agent agent or both, in the State of Florida. Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent a				8	3				***************************************
11. Pursuant to Pie provisions 67 Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Such change was surfrorzed by the corporation's board of directors. I hereby accept the appointment as registered agent and transfer with lends accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE  12.  OF FICE IS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14.  OF FICE IS AND DIRECTORS IN 12  15.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19.  AUGUST AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19.  ADDITIONS/CHAN	<b>-</b> 17	***************************************		Ē	M City		85	Zip (	2ode
SIGNATURE	44 Character	Is the near year of Sections 607	0E02 and 607 1E08 Florida Statut	os the she	yo pamod oor	poration submits this statement for the	FL	1	o registered
SIGNATURE	office or t	registered agent or both, in the S am facular with and accept the o	tale of Florida. Such change was a bligations of Section 607 0505. Flo	uthorized	by the corpora	tion's board of directors. I hereby acc	ept the appointn	nent as	registered
1		THE THE TOTAL TOTAL TOTAL							
MILER, MIKE					gent signature requ			ECTOR	S IN 12
13 STREET ADDRESS   SOUTHPORT FL		1			E	7.55111011070717111111111111111111111111			Addition
SOUTHPORT FL	NAME				NE				
D					ì				
MILLER, JAMES   7513 TALMADGE   23 SINEET ADDRESS   7513 TALMADGE   23 SINEET ADDRESS   7513 TALMADGE   7514		1						Change	Addition
23 STREET ADDRESS   7513 TALMADGE   23 STREET ADDRESS	NAME	1	R, JAMES 22		IE		*:		
DELETE   DELETE   3.1 TITLE   Change   Addition   Add	STREET ANDRESS			23 STR	EET ADDRESS		·4-		
STREET ADDRESS   STRE								Channe	Addition
STREET ADDRESS			- vector		- {		,		
THE	STREET ADDRESS			3.3 STR	EET ADDRESS				
NAME			Florette			·		Channa	Adding
STREET ADDRESS			ר"ז חנינונ	1	}		<u>, , , , , , , , , , , , , , , , , , , </u>	Jilange	LT vacilies
A4 CITY-ST-ZIP				•					
STREET ADDRESS   S.2 NAME   STREET ADDRESS   S.3 STREET ADDRESS   S.4 CITY-ST-ZIP				4.4 CITY	- ST- ZIP				
STREET ADDRESS			( ) DELETE				□ (	Change	Addition
Colly-S1-7IP				1					
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME           STREET ATRIES         6.3 STREET ADDRESS           CHY-S1-7/P         6.4 CHY-ST-7/IP					" 1				
STREET ADDRESS  CHY-SI-7/P  6.3 STREET ADDRESS  6.4 CITY-SI-7/P			DELETE					Change	Addition
CHY-S1-7/P 6.4 CHY-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		by certify that the information sup	plied with this filing does not qualit		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	d in Section 119.07(3)(i), Florida Statu	tes. I further cert	tify that	the

SIGNATURE:

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

265 6768

**FILED** 

Mar 28 1997 8:00am

Secretary of State