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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

FILED May 08 1997 8:00am Secretary of State

MILLER	ADVISORY CORP.										
Principal Place	e of Business	Mailing Address					1 000/10/1 BB4 (10/1 120/1 0/40/ E)/4/ 18		ANTAL BABAL BABAL		
C/O RONALD I 2601 HERON L CLEARWATER	ANE NORTH	C/O RONALD L. MILLER 2601 HERON LANE NORTH CLEARWATER FL 34622-2221				-	3. Date Incorporated or Qualified	3a. Di	ate of Last R	eport	7
							09/20/1989	04/	19/1996		J
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number Applied For				
21		26					59-2974032 Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A		ŀ
City & State	<u> </u>	City & State									┨
23	•	28				ł	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
Zip	Country	Zip	Cp	untry			8. This corporation has liability for	intangible			1
24	25	29	30						No		J
	g. Name and Address of Current	Registered Agent		1			10. Name and Address of New Ro	gistered	Agent		1
	er, ronald L.			81	Name						
	HERON LANE NORTH			82	Street A	ddress	s (P.O. Box Number is Not Accepta	ble)			1
CLE	ARWATER FL 34622			83							-
				03							
				84	City			FL	85 Zip (Code	1
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statu	les the s	hove	e-named o	COLDUIA	ation submits this statement for the		f changing it	is registered	-
office or r	to the provisions of Soctions 607.0502 egistered agent, or both, in the State of ramiliar with, and accept the object.	of Florida. Such change was	authorize	ed by	the corp	oration	is board of directors. I hereby acce	pt the app	ointmont as	registered	Ì
	and accept the city of	With the Section borrosos, Fr	OHOB SIG	แบเยะ).						ŀ
SIGNATURE	Signatura, typed or printed name of registered agent	I and title if applicable (NO:	II. Register	ed Age	nt signature r	required v	when re-installing)	DATE			
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFI	CERS AND			800
TITLE	DP	☐ DELETE	1.1 1	TITLE					Change	Addition	Ó
NAME	MILLER, RONALD L.	1.3 1.4		1.2 NAME 1.3 STREET ADDRESS							2
STREET ADDRESS	2601 HERON LANE NORTH										ĬΪ
CITY-ST-ZIP	CLEARWATER FL			1.4 CHY-ST-ZIP				· ·	Change	Addition	١ġ
TITLE		ב אננונ	2.1 TITLE			UN	rector secreta neila L. Miller	'YY	L.J Change	E.N. MODITION	1
NAME Street address	l l		2.2 NAME 2.3 STREET ADDRESS		54	selia L. 1911 liev	·				
			2.4 CHY-SI-ZIP		20	coi Heron Lane learwater fi	; N ²	4/22			
CITY-ST-ZIP TITLE	DELETE 3.17I				51 - LIF	دی۔	cosmates ti		Change	Addition	1
NAME	32h										
STREET ADDRESS			3,35	STREET	ADDRESS						
CITY-ST-ZIP				011 y - 9	1						
TITLE		DELETE		TITLE					Change	Addition	1
NAME			4.2	NAME	1						1
STREET ADDRESS			4.3 [BIREET	ADDRESS						
CITY-ST-ZIP			4.4 [CITY-S	T- ZI P	<u></u>					
TITLE		☐ DELETE	5.1 ITILE						Change	Addition	
NAME			521	NAME]						
STREET ADDRESS			53	51REET	ADDRESS						
CITY-ST-ZIP				DITY-S	T-ZIP						1
TITLE		☐ DELETE		HILE	ļ				Change	Addition	-
NAME				NAME							
STREET ADDRESS				6.3 \$1REE1 ADDRESS							
CITY-ST-ZIP			6.4 (ÇITY-S	1-ZIP						1

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 eath; that it 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.