

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90014 019 \*\*\*158.75

DOCUMENT # L56661

1. Corporation Name

Walker Miller Children, Inc.

Principal Place of Business

Mailing Address

Walker Miller Children, Inc. 2255 N.W. 155 St  
Opa-locka, FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3-12-90

4. FEI Number

65-0202090

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

☒ No

2. Principal Place of Business

21 1477 N.W. 155 St

2a. Mailing Address

26 2255 N.W. 155 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

28 Opa-locka, FL

Zip

24 33054

Country

25 U.S.A.

Zip

29 33054

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

Miller, Cotez  
2255 N.W. 155 St  
Opa-locka, FL 33054

10. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President  
Miller, Cotez  
2255 N.W. 155 St  
Opa-locka, FL 33054

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VTD  
Miller, Gail  
14235 N.W. 22 Pl.  
Opa-locka, FL 33054

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SA  
Miller, Alvin  
1780 N.W. 64 St.  
Miami, FL 33054

TITLE NAME STREET ADDRESS CITY-ST-ZIP

M  
Miller, Alvin  
14245 N.W. 22nd Place  
Opa-locka, FL 33054

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Cotez Miller - Cotez Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Date

305-681-4768

Daytime Phone #

CR2E034 (11/98)