

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

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

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

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

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**

2. Principal Place of Business 2a. Mailing Address  
 21 **1477 N.W. 155 St** 26 **2255 N.W. 155 St**

4. FEI Number Applied For  
**65-0202090** Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State City & State  
 23 **Miami, FL** 28 **OPA-locka, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country Zip Country  
 24 **33057** 25 **U.S.A.** 29 **33054** 30 **U.S.A.**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President Miller, Cotez</b>	1.2 NAME	
STREET ADDRESS	<b>2255 N.W. 155 St</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA-locka, FL 33054</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VTD Miller, Gail</b>	2.2 NAME	
STREET ADDRESS	<b>14235 N.W. 22 Pl.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA-locka, FL 33054</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SB Miller, Alving</b>	3.2 NAME	
STREET ADDRESS	<b>1780 N.W. 64 St.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, FL 33054</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>M Miller, Alvin</b>	4.2 NAME	
STREET ADDRESS	<b>14245 N.W. 22nd Place</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA-locka, FL 33054</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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** Date: **4-23-99** Daytime Phone #: **305-681-4768**

CR2E034 (11/98)