

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

4. FEI Number
65-0202090

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. Yes No

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

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

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

24. Zip 25. Country 29. Zip 30. Country
33054 U.S.A. 33054 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	
NAME	Miller, Cotez	1.2 NAME	
STREET ADDRESS	2255 N.W. 155 St	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-locka, FL 33054	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	Miller, Gail	2.2 NAME	
STREET ADDRESS	14235 N.W. 22 Pl.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-locka, FL 33054	2.4 CITY-ST-ZIP	
TITLE	SB	3.1 TITLE	
NAME	Miller, Alving	3.2 NAME	
STREET ADDRESS	1780 N.W. 64 St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33054	3.4 CITY-ST-ZIP	
TITLE	M	4.1 TITLE	
NAME	Miller, Alvin	4.2 NAME	
STREET ADDRESS	14245 N.W. 22nd Place	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-locka, FL 33054	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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NAME		6.2 NAME	
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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)