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Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L68172**

(0)

1. Corporation Name

**MILLS GROUP INC. OF SARASOTA**

Principal Place of Business

**% STEVEN E BAKER  
3301 WHITFIELD AVE  
SARASOTA FL 34243**

Mailing Address

**% STEVEN E BAKER  
3301 WHITFIELD AVE.  
SARASOTA FL 34243-3314**

3. Date Incorporated or Qualified  
**04/25/1990**

3a. Date of Last Report  
**04/19/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BAKER, STEVEN, E  
3301 WHITFIELD AVE.  
SARASOTA FL 34243**

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	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLS, WALTER G.</b>	
STREET ADDRESS	<b>3301 WHITFIELD AVE.</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKER, STEVEN, E</b>	
STREET ADDRESS	<b>3301 WHITFIELD AVE.</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SHARP, LEMUEL III</b>	
STREET ADDRESS	<b>3301 WHITFIELD AVE</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HENSEY, TIMOTHY D.</b>	
STREET ADDRESS	<b>2806 SARASOTA GOLF CLUB BLVD</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - 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 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 hereon, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0431482

CR2E034 (9/96)