

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L81403** (2)

1. Corporation Name  
**MICHAEL J. MILLWARD, C.P.A., P.A.**



Principal Place of Business: % MICHAEL J. MILLWARD, 440 E SAMPLE RD #207, POMPANO BEACH FL 33064  
Mailing Address: % MICHAEL J. MILLWARD, 440 E SAMPLE RD #207, POMPANO BEACH FL 33064

2. Principal Place of Business: 21 301 Yamato Rd., Suite 4110, Boca Raton, FL 33431, USA  
2a. Mailing Address: 26 301 Yamato Rd., Suite 4110, Boca Raton, FL 33431, USA

3. Date Incorporated or Qualified: 06/18/1990  
3a. Date of Last Report: 04/27/1995  
4. FEI Number: 65-0192940  
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes [X] No [ ]  
10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent: MILLWARD, MICHAEL J., 440 E SAMPLE RD, SUITE 207, POMPANO BEACH FL 33064

81 Name: MILLWARD, MICHAEL J.  
82 Street Address (P.O. Box Number is Not Acceptable): 301 Yamato Rd.  
83 Suite 4110  
84 City: Boca Raton, FL 85 Zip Code: 33431

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 607.0605, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature is post-dated to filing) DATE: 4/2/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLWARD, MICHAEL J.	
STREET ADDRESS	440 E SAMPLE RD #207	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	301 Yamato Rd. #4110
4. CITY - ST - ZIP	Boca Raton, FL 33431
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Michael J. Millward 4/2/96 407-998-3283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)