

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -9 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M16157 (3)

1. Corporation Name

JEN-MIL ENTERPRISES, INC.

Principal Place of Business

1479 EAST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334

Mailing Address

1479 EAST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2543226

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 has liability for intangible tax under S. 199.032,
Florida Statutes

Yes ☒ No ☐

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

9. Name and Address of Current Registered Agent

MILLER, VIRGINIA A.
1479 EAST COMMERCIAL BLVD.
FT. LAUDERDALE FL

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 filed approver

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE	PD
11.2 NAME	MILLER, VIRGINIA A.
11.3 STREET ADDRESS	725 NE 6 ST
11.4 CITY - ST - ZIP	POMPANO BEACH FL
11.5 TITLE	VST
11.6 NAME	MILLER, ROBERT E.
11.7 STREET ADDRESS	725 NE 6 ST
11.8 CITY - ST - ZIP	POMPANO BEACH FL
11.9 TITLE	
11.10 NAME	
11.11 STREET ADDRESS	
11.12 CITY - ST - ZIP	
11.13 TITLE	
11.14 NAME	
11.15 STREET ADDRESS	
11.16 CITY - ST - ZIP	
11.17 TITLE	
11.18 NAME	
11.19 STREET ADDRESS	
11.20 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY - ST - ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST - ZIP	
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY - ST - ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 199.03(2)(b), Florida Statutes. I further certify that the information indicated on the 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Miller ROBERT MILLER SGT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305.771.3343