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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name M66273 (7)

JOHN P. MILLER C.P.A., P.A.

**FILED** Apr 23, 1996 08:00 AM **Secretary of State** 

Principal Place of Business Mailing Address						A INCIDENT LIA STATE ATTENDED	*** ******		41811 91911	*1014 61644 4004		
2499 GLADES RD STE 305A				2499 GLADES RD STE 305A DATON EL 22423								
BOCA RATON FL 33431 US				BOCA RATON FL 33431 US			3. Date Incorporated or Qualified 01/25/1988 05/01/1995				95	
. Principal Plac	ce of Business			. Mailing Address				4. FEI Number 65-0025709			<b>├</b>	Applied For Not Applicable
0 3 4 4	-1-		26	Suite, Apt. #, etc.	<del></del>							5 Additional
Suite, Apt. #.	, etc.		27	Soite, Apr. #1 etc.	•			5. Certificate of Status Desi	red		•	Required
City & State				City & State				6. Election Campaign Finan	cing			<b>0</b> May Be
l			28					Trust Fund Contribution		<b>/</b>		d to Fees
Ζφ	<u> </u>	Country	-	Zip	30 Co	ountry		This corporation has liab     Florida Statutes		Mangible ta ∷ ∐No	ix under s	199.032,
l	O Name a	ol and Address of Cur	29 rent Regis	stered Agent	30			10. Name and Address of New Registered Agent				
	y, Name a	10 Addiess of Odi	ork riogic	olo o rigotic		81 1	Name					
MILLER,	IOHN P					82 5	Street Addre	ess (P.O. Box Number is Not Ac	ceptal	ole)		
2499 GL/						ر ا	Street Addre	333 (1.0. 2011)				
STE 305/						83						
BOCA RATON FL 33431						84 (	City	85 Zip Code				ip Code
						.1		ation submits this statement for		<u>FL</u>		1
or registere familiar with IGNATURE	h, and accept	the obligations of, S	ection 607	.0505, Florida Stati	utes.		ignature required	o vrtien renstating		DATE		
or registere familiar witl IGNATURE	h, and accept	the obligations of, S printed name of registered a	ection 607	applicable	(NOTE: Register	ed Agent si	ignature required				DIRECT	ORS IN 12
or registere familiar with GNATURE	h, and accept	the obligations of, S	ection 607	applicable	(NOTE: Register	ed Agent si	ignature required	of which renstating)  ADDITIONS/CHANGES		FICERS AND	DIRECT Change	
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appears in Block 12 or Block THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 419/96 407-3

SIGNATURE: