FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90176 015 ***150.00

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	_							•	-	${f \cdot}$	

1. Corporation Name

M. MILLER AND COMPANY, INC.

Principal Place	e of Business	Mailing Address			i ideimers in immit adita buss desur atter e		imes memer mines com			
C/O DONNA L. 224 S OLD DIX JUPITER FL 33	IE HWY	C/O DONNA L. MILLER 224 S OLD DIXIE HWY JUPITER FL 33458	224 S OLD DIXIE HWY			DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed					
0.00	In an of Danie and	2a. Mailing Address	_		03/04/1988 4, FEI Number		Applied For			
	lace of Business	— ·			65-0026465	}				
Suite, Apt.	# oto		_		\$8.75 Addi					
22	#, GIO.	27			5. Certificate of Status Desired L. Fee Required					
City & Stat	e '	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible.					
24	25	29 30]		Personal Property Tax. 12 Yes □No					
	9. Name and Address of Cul		<u>' </u>		10. Name and Address of New Registe	red Agent				
			81	Name						
	er, donna l		82	Street Adi	dress (P.O. Box Number is Not Acceptable)					
	S OLD DIXIE HWY			Oli ect Ad	Addiess (1 . O. Day Istilline) is not Acceptable)					
1	# -		83							
JUPI	TER FL 33458		84	City		EL 85	Zip Code			
44 Dumunt	to the organizations of Sections 607	0502 and 607 1508 Florida Statutes	the above	e-named cor	reporation submits this statement for the numes	e of changin	a its registered			
l office or r	egistered agent, or both, in the St	tate of Florida. Such change was autho	onzea ov	the corpora	tion's board of directors. I hereby accept the a	pointment a	s registered			
agent.la	m familiar with, and accept the ob	oligations of, Section 607.0505, Florida	Statutes	·						
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Rec	istered Age	nt signature requi	ired when reinstating) DATI					
12,		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 12			
TITLE	DP	☐ DELETE	1,1 TITLE			☐ Cha	nge			
NAME	MILLER, MARK A		1.2 NAME				Į.			
STREET ADDRESS	224 S OLD DIXIE HWY		13 STREE	TADORESS			}			
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-S	T-ZIP		_				
TITLE	DVS	☐ DELETE	2.1 TITLE			☐ Cha	nge 🗌 Addition			
NAME	MILLER, DONNA L		2.2 NAME	}			ſ			
STREET ADDRESS	224 S OLD DIXIE HWY		2.3 STREE	TADORESS			}			
CITY-ST-ZIP	JUPITER FL 334 <u>58</u>		2. 4 CITY-8	ST-ZIP		- 				
TITLE	٧	☐ DELETE	3.1 TITLE			Cha	nge 🔲 Addition			
NAME	DHANS, LARRY	•	3.2 NAME])			
STREET ADORESS	224 S OLD DIXIE HWY		3,3 STREE	T ADDRESS						
CITY-ST-ZIP	JUPITR FL 33458		3.4. CITY-5	ST-ZIP						
TITLE	V	☐ DELETE	4.1 TITLE	ļ		☐ Cha	nge 🗌 Addition			
NAME	SHIRAH, PATRICK		4, 2 NAME	İ						
STREET ADDRESS	224 S OLD DIXIE HWY	,	4.3 STREE	T ADDRESS						
CITY-ST-ZIP	JUPITER FL 33458		4.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	5.1 TITLE		Vice President	☐ Cha	nge Addition			
NAME			5.2 NAME	}	WAYNE FARRELL					
STREET ADDRESS	,		1	TADDRESS	WAYNE FARRELL 224 5, Old Dixie H Jupiter Fl. 3345	wy.				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	Jupiter, Fl. 3345	8				
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	nge 🗀 Addition			
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADDRESS						
CITY-ST-ZIP	l .		6.4 CITY-S	T-ZIP			1			

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:

STATURE RESTAREMINE