

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 # M95823

(4)

1. Corporation Name

MARK MILAM ENTERPRISES, INC.



Principal Place of Business

Mailing Address

C/O MARK MILAM
5153 ARBOR GLEN CIRCLE
LAKE WORTH FL 33463

C/O MARK MILAM
5153 ARBOR GLEN CIRCLE
LAKE WORTH FL 33463

3. Date Incorporated or Qualified
08/24/1988

3a. Date of Last Report
01/25/1995

2. Principal Place of Business
21 5470 Colbright Rd.
Suite, Apt. #, etc.

2a. Mailing Address
26 5470 Colbright Rd.
Suite, Apt. #, etc.

4. FEI Number
59-2897675
Applied For
Not Applicable

22 City & State
23 Lake Worth, FL
24 Zip 33467 25 Country USA

27 City & State
28 Lake Worth, FL
29 Zip 33467 30 Country USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILAM, MARK
5153 ARBOR GLEN CIRCLE
LAKE WORTH FL 33463

81 Name Mark A. Milam
82 Street Address (P.O. Box Number is Not Acceptable)
5470 Colbright Rd.
83
84 City Lake Worth FL 85 Zip Code 33467

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE Mark A. Milam Mark A. Milam (principal) 4/30/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature is required when resigning.) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	MILAM, MARK	5153 ARBOR GLEN CIRCLE	LAKE WORTH FL	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
PST	MILAM, Mark	5470 Colbright Rd.	LAKE WORTH, FL 33467																				

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: Mark A. Milam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (407)964-4533
Date Daytime Phone #

CR2E034 (12/95)