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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 15 1997 8:00am Secretary of State

| | MENT # M95823 MILAM ENTERPRISES, INC. | (4) | | | |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| | | | | | |
| Principal Place of Business 5470 COLBRIGHT ROAD 5153 ARBOR GLEN CIRCLE LAKE WORTH FL 33467 US | | Maring Address 5470 COLBRIGHT ROAD 5153 ARBOR GLEN CIRCLE LAKE WORTH FL 33467-5645 US | | | 1 81811 81911 81811 81911 91811 84915 1091 |
| | | | | 3. Date incorporated or Qualified 08/24/1988 | 3a, Date of Last Report 05/01/1996 |
| 21 547 | <u></u> | 28. Mailing Address 26. 5470 Ce | olbrightR | 4. FEI Number 59-2897675 | Applied For Not Applical |
| Suite, Apt. | #, etc. | Suile, Apt. #, etc. | 7 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State 23 Lake Zip | Worth, Fl | City & State 28 Lake We | orth, Fl | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 33° | 9. Name and Address of Current I | | 30] リ ムA | This corporation has liability for Florida Statutes Name and Address of New Records | ☐ Yes 🗹 No |
| 5470 | RK A. MILAM D COLBRIGHT ROAD E WORTH FL 33487 | | 81 Name 82 Street Address 83 84 City | oss (P.O. Box Number is Not Accepta | |
| office or r | to the provisions of Sections 607 0502 a egistered agent, or both, in the State of m familiar with, and accept the obligate | Florida, Such change was a | uthorized by the corporation | oration submits this statement for the on's board of directors. I hereby acce | ourpose of changing its registere |
| | Signature typed or projection in otherwise diagrams | | Registered Agent signature require | | DATE |
| 12. | PST OFFICERS AND I | DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFI | Change Addil |
| NAME STREET ADDRESS | MILAM, MARK 5470 COLBRIGHT ROAD | | 1.2 NAME 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | LAKE WORTH FL | DELETE | 1.4 CHY+S1-ZIP 2.1 THLE | | Change Addit |
| NAME | | | 2.2 NAME | | _ , |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CHY- ST- ZIF | | |
| TITLE | | L_ DELETE | 3.1 1/11 f | | Change Addili |
| NAME STREET ADDRESS | | | 3.2 NAME 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-7IP | | |
| TITLE | | ☐ DELETE | 4.1 1116 | | ☐ Change ☐ Addit |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 SYREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 C(TY - ST - ZIP 5.1 THUE | | Change Addition |
| NAME | | - Percie | 5.2 NAME | | La Sabrigo 1 1 room |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5-4-0(1)Y+ST+2(P | | |
| TITLE | | ☐ DELETE | 61 1111 | | Change Addit |
| NME | l | | 6.2 NAME | | |
| STEET ADDRESS | | | 63 STREET ADDRESS | | |
| CII-SI-ZIP | by certify that the information supplied v | of the filing door not a self- | 64 CITY - ST-7IP | in Section 119 (17/2)(i) Florida Statute | as I further certify that the |
| informatio | of indicated on this annual report or sup- flicer or director of the corporation or the | plomental annual report is to cool or or trustee or ipoye | and accurate and that reced to execute this report | my signature shall have the same leg- as required by Chapter 607, Florida : | al effect as if made under oath; t Statutes; and that my name |