


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N44346 (7)
 1. Corporation Name
ANNA MILLER CIRCLE 1870, INC.



Principal Place of Business P.O. BOX 2114 STUART FL 34995	Mailing Address P.O. BOX 2114 STUART FL 34995-2114
---	--

2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/15/1991		3a. Date of Last Report 07/12/1996	
22 City & State		27 City & State		4. FEI Number 59-0712784		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent ARLEDGE, SHARON 1001 SW COLORADO AVE STUART FL 34994				10. Name and Address of New Registered Agent			
				81 Name CAROLE WESTON			
				82 Street Address (P.O. Box Number is Not Acceptable) 775 SE SALERNO RD			
				83			
				84 City STUART FL 85 Zip Code 34997			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Carol Weston **TRUSTEE - REGISTERED AGENT** 6/16/97
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CROSSLEY, FREDDA			1.2 NAME	Helen Haczynski		
STREET ADDRESS	5541 SE MEADOW SPRINGS BLVD			1.3 STREET ADDRESS	533 NW PLACID AVE		
CITY-ST-ZIP	STUART FL			1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	TRD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CROSSLEY, FREDDA			2.2 NAME	Wilma MONTAIGNE		
STREET ADDRESS	5541 SE MEADOW SPRINGS BLVD			2.3 STREET ADDRESS	2245 SW Mayflower DR		
CITY-ST-ZIP	STUART FL			2.4 CITY-ST-ZIP	Palm City, FL 34990		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GREEN, ELIZABETH			3.2 NAME	Janice Mosteiko		
STREET ADDRESS	179 SE EASY ST			3.3 STREET ADDRESS	1817 SE DRAGON CIRCLE		
CITY-ST-ZIP	STUART FL			3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TRD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ARLEDGE, SHARON			4.2 NAME	Carole Weston		
STREET ADDRESS	4062 SW ST LUCIE LN			4.3 STREET ADDRESS	775 SE Salerno Rd		
CITY-ST-ZIP	PALM CITY FL			4.4 CITY-ST-ZIP	STUART, FL 34997		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (9/96)