

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 # P17451 (6)

1. Corporation Name

MILSACO LTD., CORP.



Principal Place of Business

Mailing Address

1930 S.W. 10TH STREET
BOCA RATON FL 33486

1930 S.W. 10TH STREET
BOCA RATON FL 33486

3. Date Incorporated or Qualified

12/30/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 970 BEAR ISLAND CIRCLE

2a. Mailing Address

26 970 BEAR ISLAND CIRCLE

4. FEI Number

04-2694734

Applied For

Not Applicable

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WEST PALM BEACH, FL.

City & State

28 WEST PALM BEACH, FL.

24 Zip 33409-2060 Country

29 Zip 33409-2060 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLS, GERALD
STREET ADDRESS 1930 S.W. 10TH STREET
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE V
NAME BIEHL, FREDERICK
STREET ADDRESS 252 OXFORD AVENUE
CITY-ST-ZIP NEW ROCHELLE NY ☐ DELETE

TITLE VTD
NAME MILLS, MARLENE
STREET ADDRESS 1930 S.W. 10TH STREET
CITY-ST-ZIP BOCA RATON FL ☐ 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

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 970 BEAR ISLAND CIRCLE
1.4 CITY-ST-ZIP WEST PALM BEACH, FL. 33409-2060

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 970 BEAR ISLAND CIRCLE
3.4 CITY-ST-ZIP WEST PALM BEACH, FL. 33409-2060

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Marlene Mills / MARLENE MILLS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

Date

407-471-8993

Daytime Phone #

5034 (12/95)