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

**PROFIT CORPORATION** ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P9200000205

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 01, 1999 8:00 am Secretary of State

05-01-1999 90037 041 \*\*\*150.00

MILLER-I	BUILT CONSTRUCTION (	COMPANY,	INC.								
Principal Place	of Business	Mailín	g Address		_				ILI BUILI UERIA U	1131 <b>00</b> 110 11011 1	50101 E111 IUDI
9745 S.W. 166 TERR P.O. BOX 560695 MIAMI FL 33157 MIAMI FL 33256-0695 US US								DO NOT WRITE IN THIS SPACE			
								<ol><li>Date Incorporated or Qualifed</li></ol>			ĺ
								10/28/1992			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Ap	plied For
21	-	26	26					65-0368010		No	t Applicable
Suite, Apt.	#, etc.	27 St	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	I
City & State	9	- ci	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28	28					Trust Fund Contribution		Added to	o Fees
Zip	Country	Zij	p	Cou	ntry			8. This corporation owes the curr	ent year Inta	ingible	
24	25	30				Personal Property Tax. Yes No					
=-1	9. Name and Address of Cur	rent Register	ed Agent	,				10. Name and Address of New F	Registered A	\gent	
					81	Name					1
MILLER, RALPH L' 9745 S.W. 166 TERR					82 Street Addre			ss (P.O. Box Number is Not Accepta	able)		
MIAMI FL 33157					83						
					84	City			FL	85 Zip C	Code
		2500+ 607	4500 Fl1- Ct	461		namad	oornor	ration submits this statement for the		hanging its	registered
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Flonda. Rigations of, Se	Such change was a ection 607.0505, Flo	utnonzed riđa Statu	ites.	tne corp	orauon	s board of directors. Friereby acce	л ше аррол	tment as reg	gistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere						t signature r	required v		DATE	D DIDECTO	DC IN 42
12.	OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
TITLE	S DELETE			1.1 TITLE		M.	LEA POCEA A		Change	A succession of	
NAME	PERKINS, MARK E.				1.2 NAME		Pitt	LLER, ROGER A	•		J
STREET ADDRESS	4520 NW 77 TER			1.3 STREET ADDRESS			85	ST NW / S.	2300	15	ì
CITY-ST-ZIP	LAUDERHILL FL			1.4 CITY-ST-ZIP			RAL SPRINGS, FL	. ,,,,,,,	☐ Change	Addition	
TITLE	P DELETE				2.1 TITLE					[_] Orlange	
NAME	MILLEN, TOTAL IT.				2 2 NAME						
STREET ADDRESS	P.O. BOX 560695 N/A		2.3 ST			2.3 STREET ADDRESS					Į
CITY-ST-ZIP	MIAMI FL					T-ZIP			· · · · · ·		Addition
TITLE			☐ DELETE	3.1 TI	3.1 TITLE			• •	•	Change	
NAME				3.2 NAME							
STREET ADDRESS					3 3 STREET ADDRESS						ļ
CITY-ST-ZIP					3.4, CITY-ST-ZIP		ļ	·		Change	Addition
TITLE	☐ DELÉTE		4.1 TI	4.1 TITLE					☐ Change		
NAME			4. 2 N	4. 2 NAME						Į	
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CITY-ST-ZIP				4.4 Cf	TY-S1	r-ZIP	Ļ				
TITLE				A TITLE					Change	Addition \	
NAME				5.2 NA							ĺ
STREET ADDRESS				5.3 \$1	REET	ADDRESS					Ì
CITY-ST-ZIP				5.4 CI		F-ZIP					
ΠLE			☐ DELETE	6.1 TI						Change	Addition
NAME				6.2 N							
OTDEET ADDRESS				6.3 ST	REET	ADDRESS	1				

CITY-ST-ZIP 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, non an appear with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: