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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200001718

1. Corporation Name

MILLER, MILLER & MAC-FLORIDA, INC.

Principal Place	e of Business	Mailing Address				1 (MRE) MRE I (M I MIEM	i ii a it ea iti e etii saii	* #2()) 00)0) ()2() (2	JD) 1788; JUIL FUEL
11310 SATELLITE BLVD		11310 SATELLITE BLVD							
ORLANDO FL 32837		ORLANDO FL 32837			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated of			
						10/29/1992			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21	33 5. 545555	26				59-3152474			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Desired		Additional
22		27				5. Certifcate of Status	Desired L	Fee	Required
City & State	е	City & State				6. Election Campaign	- 1	•	0 May Be
23		28				Trust Fund Contribu	ution	Adde	d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation ow	•		□No
24	25	[29]	30			Personal Property T		Yes_	Пив
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Addres	8 Of New Keyls	tered Agern	
MAIE	ERS, CHUCK			"	Name				
	O SATELLITE BLVD			82	Street Ad	Idress (P.O. Box Number is N	Not Acceptable)		
_	ANDO FL 32837			83				_	
CILD	1 L 02001		Ì					_	
				84	City			FL 85 Z	p Code
11. Pursuant	to the provisions of Sections 607.05 ogistered agent, or both, in the State	502 and 607.1508, Florida Statu	tes, the at	bove-	named co	orporation submits this statem	nent for the purpo	se of changing	its registered
agent, I at	m familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Statu	l by tr utes.	ne corpora	SHOTTS BOSING OF UNFECTORS. THE			
agent. I at	m familiar with, and accept the oblig Signature, typed or printed name of registered ag	partions of, Section 607.0505, FI	orida Statu E [.] Registered	utes.	ne corpora	uired when reinstating)	D.A	ATE	
agent. I at SIGNATURE 12.	m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	pations of, Section 607.0505, FI pent and title if applicable (NOT ND DIRECTORS	E Registered	Jtes. Agent s	ne corpora		D.A	ATE RS AND DIREC	TORS IN 12
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

407-850-0697