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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300005709

1. Corporation Name

MILES DEVELOPMENT CO., INC.

Principal Place of Business

10255-B GENERAL DRIVE

Mailing Address

10255-B GENERAL DRIVE

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90023 045 ***150.00



US	2824	US		DO NOT WRITE IN THIS SPACE			
00					3. Date Incorporated or Qualifed		
					01/12/1993		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	L	Applied For
	CENTRAL FLORIDA PEW	7 26 1234 CENTE	ZAL FLO	2 iga PICN	59-3160484		Not Applicable
Suite, Apt.	_	Suite, Apt. #, etc.	_		5. Certifcate of Status Desired	,	75 Additional
22 OR WA		[=·]	FL_				ee Required
City & State		City & State 28 32837			6. Election Campaign Financing		.00 May Be
23 3283 Zip	Country	28 32 83 7 Zip	Country		Trust Fund Contribution		ded to rees
·	25	<u></u>	30		This corporation owes the current year Inf Personal Property Tax.	angible Yes	s 🗆 No
24	9. Name and Address of Currer		301		10. Name and Address of New Registered		
	J. Name and Address of Carre	it registered Agent	81	Name			
MILES, IAN ESQ				<u> </u>			
10255-B GENERAL DRIVE				Street Addre	ess (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32824			83	-			
						· · · · · ·	
			84	City	FL	85	Zip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s, the above	e-named corpo		changi	ng its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 607.0505, Flori	ithorized by ida Statutes	the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ntment	as registered
SIGNATURE		•					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Ager	t signature required			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PST	☐ DÉLETE	1.1 TITLE	-		☐ Ch	ange
NAME	MILES, IAN		1.2 NAME				
STREET ADDRESS	10255-B GENERAL DRIVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32824		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Ch:	ange 🗀 Addition
NAME			2.2 NAME				
STREET ADDRESS			23 STREET	ADDRESS			
CITY-ST-ZIP		<u></u>	2. 4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE	}		Ch	ange
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	! 		3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Ch	ange
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-\$T-ZIP			4.4 CITY-S	r-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Ch	ange
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	Į.			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	ange
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY ST. 7ID			6.4 CITY-S	r-žip			

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR