

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015035 (7)

1. Corporation Name

MILES BROS., INC.



Principal Place of Business

7312 A1A SOUTH
ST. AUGUSTINE FL 32086

Mailing Address

7312 A1A SOUTH
ST. AUGUSTINE FL 32086

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	City & State	30	Country

9. Name and Address of Current Registered Agent

GORNT0, L A JR.
128 ORANGE AVE.
DAYTONA BEACH FL 32114

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	MILES, ROBLEY M JR.	
STREET ADDRESS	7312 A1A SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MILES, DAVID E	
STREET ADDRESS	65 DOLPHIN DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MILES, STEVEN G	
STREET ADDRESS	7312 A1A S.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MILES, HENRY E	
STREET ADDRESS	7312 A1A S.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MILES, CHARLES S	
STREET ADDRESS	7312 A1A S.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MILES, WM. F	
STREET ADDRESS	7312 A1A S	
CITY-ST-ZIP	ST. AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES MILES 3/12/96 904-794-0114

CR2E034 (12/95)