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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000016453 (1)

1. Corporation Name
MILLER SYSTEMS, INC.



Principal Place of Business
**1769 MUSTANG ST
NAVARRE FL 32566
US**

Mailing Address
**1769 MUSTANG ST.
NAVARRE FL 32568-8407
US**

3. Date Incorporated or Qualified **03/01/1993** 3a. Date of Last Report **03/01/1996**

2. Principal Place of Business
21 **1801 Mustang St**
Suite, Apt. #, etc.
22
23 **Navarre FL**
City & State
24 **32566** 25 **U.S.**
Zip Country

2a. Mailing Address
26 **1801 Mustang St**
Suite, Apt. #, etc.
27
28 **Navarre FL**
City & State
29 **32566** 30 **U.S.**
Zip Country

4. FEI Number **59-3167435** 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

9. Name and Address of Current Registered Agent

**MILLER, WILLIAM E
1769 MUSTANG ST.
NAVARRE FL 32568**

10. Name and Address of New Registered Agent

81 Name **Annette Miller**
82 Street Address (P.O. Box Number is Not Acceptable)
1801 Mustang St
83
84 City **Navarre** FL 85 Zip Code **32566**

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 **Annette Miller** **Annette Miller** **4-28-97**
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	P <input type="checkbox"/> DELETE
NAME	MILLER, WILLIAM E
STREET ADDRESS	1769 MUSTANG ST.
CITY- ST- ZIP	NAVARRE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, ANNETTE
STREET ADDRESS	1769 MUSTANG ST.
CITY- ST- ZIP	NAVARRE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Annette Miller
1.3 STREET ADDRESS	1801 Mustang St
1.4 CITY- ST- ZIP	Navarre FL 32566
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 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.

SIGNATURE: **Annette Miller** **Annette Miller** **4-28-97** **904-989-1192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)