FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:46

DOCUMENT # **P93000017194 (0)**

1. Corporation Name
MILTCOIN INCORPORATED

Principal Place of Business	Mailing Address
~~1010 PASS-A-GRILLE WAY~~ ~~#1~~ ~~ST. PETERSBURG BEACH FL 33706~~	1010 PASS-A-GRILLE WAY #1 ST. PETERSBURG BEACH FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1114 CENTRAL AVE	26 1114 CENTRAL AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ST. PETERSBURG, FL.	28 City & State: ST. PETERSBURG FL
24 Zip: 33705 / 25 Country: PINELLAS	29 Zip: 33705 / 30 Country: PINELLAS

4. FEI Number ~~NOT APPLICABLE~~ 59-3234539 ☐ 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

ALBINSON, JEFF
C/O ALBINSON AND PERSANTE PA
4625 EAST BAY DRIVE / STE - 223
CLEARWATER FL 34624

CORRECTION

10. Name and Address of New Registered Agent

81 Name: JEFF ALBINSON C/O ALBINSON + PERSANTE
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **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 _____ (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DPST**	11 TITLE	☐ Change ☐ Addition
NAME	**COHEN, MILES B**	12 NAME	
STREET ADDRESS	**1010 PASS-A-GRILLE WAY, #1**	13 STREET ADDRESS	1114 CENTRAL AVE.
CITY-ST-ZIP	**ST. PETERSBURG BEACH FL 33706**	14 CITY ST ZIP	ST. PETERSBURG FL. 33705
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), Florida Statutes. 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: Miles B. Cohen MILES B. COHEN 3-14-95 813-821-6470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP