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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000017194 (0)

MILTO		RPORATED	Mailing Ad	idress					I TOTAL IN TOTAL HAN BEEN DEEN BEEN BEEN			
1114 CENTRA		_	1114 CENTRAL AVE #1 ST. PETERSBURG BEACH FL 33705					,				
ST. PETERSE		#1						DO NOT WRITE IN THIS SPACE				
Į.			U\$						3. Date Incorporated or Qualified			٦
			7	Date Marillan Addition					03/05/1993			4
2. Principal P	face of Busi	<u> </u>	2a. Mailing Address					4. FEI Number		Applied For	\dashv	
Suite, Apt.	# etc	26 Suite, /	Suite, Apt. #, etc.					59-3234559		Not Applicable Additional	읙	
22	w, 016.	J	27					5. Certificate of Status Desired	.,	Required	- (
l City & Stat	е		Oity & State					6. Election Campaign Financing		O May Be	\dashv	
23		28	28					Trust Fund Contribution Added to Fees				
Zip		Country	Zip		Co	untry	,		8. This corporation owes or has paid the	current year	Intangible	7
24		25	29	=-1					Personal Property Tax due June 30.		□ No	_]
g, Name and Address of Current Registered Agent							1 =:		10. Name and Address of New Register	ed Agent		4
	BINSON, JI					81	Name					- (
	ALBINSON					Street A	Addres	ss (P.O. Box Number is Not Acceptable)			7	
	25 EAST B	23	}			}					\dashv	
GL.	EARWATER	FL 34624				83	!					- (
						84	City	···		85 Zi	p Code	٦
44 Pursuant	to the provis	ions of Sections 607.0	02 and 607 1508	Etorida Statut	es the a	L J	e-named i	COMO	ration submits this statement for the ourses	e of changing	ite registerer	\mathcal{H}
office or r	egistered ac	ent, or both, in the Sta	te of Florida Such	change was	authorize	d by	the corp	oratio	ration submits this statement for the purposities board of directors. I hereby accept the	appointment (as registered	` j
1	m ramiliar w	ть, ано ассерг тье отг	igations or, Section	n 607.0505, FX	onda Sia	เบเฮร	S.					- }
SIGNATURE	Signature, typed	or printed name of registered a	gent and title it applie ab	le (NO?	E Registere	ed Age	int signature	required	when reinstating) DAT	E		١
12.		OFFICE RS A	ND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	ORS IN 12	_] {
TITLE	DPST			DELETE	1.1 7	ITLE	1			Change	e 🔲 Addition	1] \$
NAME	COHEN, MILES B			1.2 NAME			l l					13
STREET ADDRESS 1114 CENTRAL AVE				1.3 STREE			ADDRESS					- [8
CITY-ST-ZIP	ST. PET	ERSBURG FL				ITY-S	T-ZIP					[8
TITLE				DELETE	2.1 T	ITLE	- 1			☐ Change	e 🔲 Addition	۱۱۹
NAME					2.2 N	AME	-					- [
STREET ADDRESS					2.3 \$	TREET	ADDRESS					ł
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HAME	ı				3.2 N		(- (
STREET ADDRESS	l						ADDRESS					1
Crty-St-ZIP				T on etc			ST-ZIP			10000	A date	4
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NAME					4 2 6							1
STREET ADDRESS							ADDRESS					
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TITLE				☐ PECEIE	5.1 (1)					Change	: LJ AUGRION	' {
NAME					5.2 N							
STREET ADDRESS							ADDRESS					-
CITY-ST-ZIP TITLE				DELETE	5.4 Ci	ITY-S	T-ZIP			Change	Addition	+
HITE I				IIII DELETE	■ 0.1 N	IILC				LJ CHANDE	L AUGINOR	

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.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Mile B Chm

MILES B. COHEN

4-15-98

813-821-6470

FILED

May 12 1998 8:00am

Secretary of State