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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000025550 (3)

MILLER ASSOCIATES ARCHITECTS INC.

Principal Place of Business Mailing Address 300 SOUTH EOLA DRIVE 300 SOUTH EOLA DRIVE ORLANDO FL 32801-2802 ORLANDO FL 32801 3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1993 05/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3184108 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zio Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MILLER, BLAINE E 300 SOUTH EOLA DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 84 City 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12. 13. \_\_\_ Addition Change TULE DELETE 11 TITLE NAME MILLER, BLAINE 1.2 NAME 300 SOUTH EOLA DR 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition 21 TITLE MILLER, SANDRA 2.2 NAME NAM 300 SOUTH EOLA DR 2 3 STREET ADDRESS STREET ADDRESS **ORLANDO FL** 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST. ZIF DELETE ☐ Addition 4.1 TITLE TILLE NAM? 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS City - St - ZiP 4.4 CITY-ST-ZIP DELETE ■ Addition Change THILE 51 TOTLE NAM: 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 provision or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.1 TITLE 6.2 NAME

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

DELETE

SIGNATURE. A SHANAYOMED POROMIRED

C-TY - ST - ZIP

STREET ADDRESS

TITLE

4-30-97 407422.0658

Change

Addition

**FILED** 

May 09 1997 8:00am

Secretary of State