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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000048394 (9)

FILED

97 JUL -1 PM 9:14

SECRETARY OF SHAFF

MILLER ENGINEERING INC Principal Place of Business Mailing Address 1781 BLOUNT RD #501 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-5128				TALLAHASSEE FOLTS		
					 Date Incorporated or Qualified 07/01/1993 	3a. Date of East Report 09/05/1996
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0424947	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e 	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	30 Co.	intry	This corporation has liability for Florida Statutes	r Inlangible tax under s 199 032.
	g, Name and Address of Curren				10. Name and Address of New R	
	LER, J. M.			81 Name		
1791 BLOUNT RD #501				82 Street Add	ress (P.O. Box Number is Not Accepta	able)
PON	APANO BEACH FL 33069			83		
		.**		03		
				84 City		FL 85 Zip Code
11, Pursuant I office or ragent. La SIGNATURE					poration submits this statement for the tion's board of directors. I hereby according to the tion's board of directors and the tion's board of directors.	
12.	Signature, typed or printed name of registered age OFFICERS AN		IOTE: Registere	d Agent signsture requi	red when reinstaling) ADDITIONS/CHANGES TO OFF	DATE
TITLE	P	DELETE	1.1 Ti	TLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	MILLER, J. M.		1.2 N	AME		
STREET ADDRESS	1791 BLOUNT ROAD, SUITE N	10. 501	1.3 8	TREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069	[m]		TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TALE		DELETE	2.1 1	í		Change L Addition
NAME			2.2 N			
STREET ADDRESS			B -	TREET ADDRESS		
CITY-S1-ZIP TITLE		DELETE	3.1 79	TLE		Change Addition
NAME			3.2 N			
STREET ADDRESS			3.3 S	TREET ADDRESS		
CITY-ST-ZIP			3.4, 0	CITY-ST-ZIP		
TITLE		DELETE	4.1 1	I .		Change Addition
NAME				IAME		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 C 5.1 T	TY-ST-ZIP	6000028	27476
NAME			5.1 I	3	-07/01/	9701036001 Amilion
STREET ADDRESS				IREET ADDRESS	****16	5.00 ****165.00
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE		DELETE	6.1 T		<u> </u>	Change Addition
NAME		-	6.2 N			Ma
STREET ADDRESS		•	6.3 \$	TREET ADDRESS	~.	N.C
CITY - ST - ZIP				ITY-ST-ZIP		
14. I do heret	by certify that the information supplies	d with this filing does not qu			d in Section 119.07(3)(i), Florida Statut I my signature shall have the same led	les. I further certify that the

Information indicated on rins annual report or supplemental annual report is rice and accurate and that my signature shall have the same legal effect as if made under of a man officer or director of the corporation or the receiver or trustee ended to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment under an address.

SIGNATURE: