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

POCUMENT # P93000062103 (5) 1. Corporation Name

MILLER-BASKIN CORPORATION

FILED Feb 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2111 BALMAIN WAY 2111 BALMAIN WAY GLENDALE CA 91206 GLENDALE CA 91208 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-2073993 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 26 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent MILLER, SAMUEL 2724 N. GARDEN DR. Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33461 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE MILLER, ALLAN L NAME 12 NAME 2111 BALMAIN WAY STREET ADDRESS 1.3 STREET ADDRESS **GLENDALE CA** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BASKIN, HARRIET M NAME 2.2 NAME 825 BRIGHTON AVE STREET ADDRESS 2.3 STREET ADDRESS **READING PA** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition ☐ Change TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 (818) 790-3050 Block 12 or Block 13 if changed, or on an attachment with an address.

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