FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** PLORIDA DEPARTMENT OF STATE CORPORATION. Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # 793000067263 MILLER INTERNATIONAL INC. Principal Place of Business Mailing Address 116 GOVERNORS RD. 537 EAST PARK AVE DONTE VEDRA BEACH, FL TAMAHASSEE FL 3. Date Incorporated or Qualified | 3a. Date of Last Report 3**3301** 32082 3/7/1995 2. Principa! Place of Business 2a. Mailing Address Applied For 21 26 57-3210243 Not Applicable 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 23 28 Trust Fund Contribution Added to Fees Žιρ Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199 032, X Yes □ No 25 30 Elorida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBERT L. UNDERWOOD 537 East Park Ave. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 83 84 City 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 💃 Signature, typed or printed name of registered agent and little, flapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 Change DELETE Addition TITLE PRES/TRES 1.11011 PAUL F MILLER NAME 1.2 NAME STREET ADDRESS 116 GOVERNOR'S RD 13 STREET AUDRESS PONTE YEDRA BEACH, FL 32082 CITY-ST-ZIP 1.4 CHTY - ST - ZIP Change Addition TITLE VPRESISEC 2.1 TITLE DEBORAH N MILLER 2.2 NAME IIL GOVERNOR'S RD STREET ADDRESS 2.3 STREET ADDRESS CITY-ST ZIP PONTE VEDRA BEACH, FL 2 4 CITY - ST ZIP Change Addition TITLE 3 1 TITLE NAME 3 2 NAME STREET ADDRESS 3 3 STREEL ADDRESS 3 4 C(TY - S1 - Z)P CITY - S1 - 71P DELETE Change Addition TITLE 4 1 71715 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP DELETE Change Addition THILE 5.1 TITLE MAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY - ST - 7)F 54 CITY-ST-ZIP DELETE 60000185518**6**~ TULLE 6 TIME. -06/07/96--01022--000 0*0*8 NAME 6.2 NAME ***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily lumished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

City - ST - ZiP

SIGNA

919-872-5805

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