

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000021851
 1. Corporation Name
Milo's INC.

Principal Place of Business: **300 53rd St #8 West Palm Bch, FL 33407**

2. Principal Place of Business:
 21 Sute, Apt #, etc:
 22 City & State:
 23 Zip: Country:
 24 25

2a. Mailing Address:
 26 300 53rd St Sute, Apt #, etc:
 27 8
 28 City & State: West Palm Bch FL
 29 Zip: 33407 30 Country: USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **3-16-94**

4. FEI Number: **65-0655357**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Marie K. Watson
300 53rd St #8
West Palm Bch, FL 33407

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: **Marie K. Watson** **Marie K. Watson Dir, VP, & Treas.** 4-6-98
Registered Agent's signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Dir, Pres, Sec.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Milo K. Watson	1.2 NAME	
STREET ADDRESS	300 53rd St #8	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. P. Bch FL 33407	1.4 CITY-ST-ZIP	
TITLE	Dir, VP, Treas.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie K. Watson	2.2 NAME	
STREET ADDRESS	300 53rd St #8	2.3 STREET ADDRESS	
CITY-ST-ZIP	W P Bch FL 33407	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect on 119.07(3)(i), Florida Statutes. I further certify that the information included 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 officer 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 or changed, or on an attachment with an address.

SIGNATURE: **Milo K Watson** **Pres.** 4-6-98 561 863-7041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)