

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

FILED
May 14 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 # P94000053139 (9)

1. Corporation Name
MILES AHEAD, INC.



Principal Place of Business

4620 DAVIE RD.
DAVIE FL 33314

Mailing Address

4620 DAVIE RD.
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 9763 W. Broward Blvd.
Suite, Apt. #, etc.

22 City & State

23 PLANTATION, FLORIDA
Zip Country U.S.A.

24 33324

2a. Mailing Address

26 9763 W. Broward Blvd.
Suite, Apt. #, etc.

27 City & State

28 PLANTATION, FLORIDA
Zip Country U.S.A.

29 33324

30 U.S.A.

3. Date Incorporated or Qualified

07/19/1994

4. FEI Number

65-0513996

Applied For

Not Applicable

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

KOBLER, MICHAEL
4164 INVERRARY DRIVE
APT. 1010
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name MICHAEL KOBLER
82 Street Address (P.O. Box Number is Not Acceptable)
301 N. PINE ISLAND ROAD
83 APT. # 262
84 City PLANTATION
85 Zip Code FL 33324

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KOBLER, MICHAEL
STREET ADDRESS 4620 DAVIE RD
CITY-ST-ZIP DAVIE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME MICHAEL KOBLER
1.3 STREET ADDRESS 9763 W. BROWARD BLVD.
1.4 CITY-ST-ZIP PLANTATION, FL. 33324

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4/27/98 954-424-2288

CR2E034 (10/97)