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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90031 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000055352

1. Corporation Name

MILLER GROUP MANAGEMENT CORP.

Principal Place of Business

9743 CHESTNUT RIDGE DR
WINDERMERE FL 34786
US

Mailing Address

P. O. BOX 2097
WINDERMERE FL 34786
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1994

4. FEI Number

59-3259992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 5147 Isleworth Country
Suite, Apt. #, etc. Club Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

Windermere FL

27 City & State

28

24 Zip Country

34786 25 USA

29 Zip Country

30

9. Name and Address of Current Registered Agent

MILLER, GLENN W
9743 CHESTNUT RIDGE DR
WINDERMERE FL 34786

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5147 Isleworth Country Club Dr

83

84 City

Windermere

FL

85 Zip Code

34786

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 PD
NAME MILLER, GLENN W
STREET ADDRESS 9743 CHESTNUT RIDGE DR
CITY-ST-ZIP WINDERMERE FL

☐ DELETE

TITLE VD
NAME MILLER, LINDA W
STREET ADDRESS 9743 CHESTNUT RIDGE DR
CITY-ST-ZIP WINDERMERE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 5147 Isleworth Country Club Drive
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 5147 Isleworth Country Club Drive
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/12/99

407/826-4403

Date

Daytime Phone #

CR05034 (11/98)