

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Worthan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:33

DOCUMENT # P94000056763 (3)

1. Corporation Name

CLAUDIA MILLER/ARTISTS UNLTD. INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

08/01/1994

4. FEI Number Applied For
65-0511553 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

Mailing Address

6679 N. W. 24TH TERRACE
BOCA RATON FL 33496

6679 N. W. 24TH TERRACE
BOCA RATON FL 33496

2b. Mailing Address

21 Suite, Apt. # etc. 26 Suite, Apt. # etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 County 30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, CLAUDIA
6679 N. W. 24TH TERRACE
BOCA RATON FL 33496

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 607.0502 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 this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

12a. PRESIDENT
CLAUDIA MILLER
6679 N.W. 24 TERRACE
BOCA RATON FL 33496

12b. NAME
STREET ADDRESS
CITY, ST, ZIP

12c. NAME
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CITY, ST, ZIP

12d. NAME
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12g. NAME
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CITY, ST, ZIP

13a. 1. NAME ☐ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information made available to the 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 manager 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 as an attachment with an address.

SIGNATURE: *Claudia Miller* CLAUDIA MILLER 4-28-95 767 995 9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR