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03-30-1999 90007 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

JOSEPH L. MILLER, P.A.							
Principal Place of Business Mailing Address						4 (BBINDA) 150 (BOLL BOLL) DESIL BOLL) BELLE BOLL IBLIA IBLIA (1911 (BEL 1804	
100- 36TH AVENUE N ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704						DO NOT WRITE IN THIS SPACE	
US	US US						3. Date Incorporated or Qualifed
							08/04/1994
Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
21	26						59-3256985 Not Applicable
Suite, Apt. 1							\$8.75 Additional
22	27						5. Certificate of Status Desired Fee Required
	City & State City & State						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country Zip Cou 25 29 30				try		8. This corporation owes the current year Intangible Personal Property Tax. Yes
44(9. Name and Address of Curren						10. Name and Address of New Registered Agent
MILLER, JOSEPH L 100- 36TH AVENUE N					81 Name		
					82 Street Add		ress (P.O. Box Number is Not Acceptable)
	PETERSBURG FL 33704			-	83		
					_		
					84 City FL 85 Zip Code		
11. Pursuant to	to the provisions of Sections 607.050; egistered agent, or both, in the State or familiar with, and accept the obligat	2 and 607.1 of Florida. S tions of, Sec	508, Florida Statute such change was au ction 607.0505, Flori	s, the about thorized lida Statut	ove by t	-named corp the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE							3/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ag					gent	t signature require	
12.	OFFICERS AN	ID DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	-			1.1 TITL			
NAME	WILLELL, SOCIAL C			1.2 NAW			
STREET ADDRESS	100 001177112110211					ADDRESS	
CITY-ST-ZIP			1.4 CITS 2.1 TITE	_	1-ZIP	☐ Change ☐ Addition	
TITLE				2.1 HILL 2.2 NAM			<u></u>
NAME						ADORESS	
STREET ADDRESS	•-	g .	· .	2.3 STR		ĭ	and the second second
CITY-ST-ZIP TITLE	,		DELETE 3.1 ΠΤ		_		☐ Change ☐ Addition
NAME				3.2 NAA			·
STREET ADDRESS						ADDRESS	·
CITY-ST-ZIP				3.4. CIT			
TITLE		:	☐ DELETE	4.1 TITL			☐ Change ☐ Addition
NAME				4. 2 NA	ME		
STREET ADDRESS				4.3 STR	EET	ADORESS	
CITY-ST-ZIP				4.4 CIT	Y- <u>\$</u> T	T-ZIP	
TITLE			☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME				5.2 NAM			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			·	5.4 CIT		T-ZIP	
mre			☐ DELETE	6.1 TTL			ChangeAddition
NAME				6.2 NAN			
CTREET ADDRESS	[■ 6.3 STR	KEET	ADDRESS	1

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS