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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**  FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90218 011 \*\*\*150.00

## 1999 DOCUMENT # **P94000058517**1. Corporation Name

THOMAS MILO ENTERPRISES, INC.

Principal Place	of Business	Mailing Address	<del> </del>				6) 0)10) 10/31 21/01	1 11811 1881 1881
301 S FEDERAL BOCA RATON F		301 S FEDERAL HWY BOCA RATON FL 33432						
BOOK HATCH TE SOME						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 08/09/1994		-
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
11		26				65-0511647	No	ot Applicable
- Suite, Apt-	#, etc:	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22 / 27						5. Certificate of Class Boards	Fee Re	equired
City & State	• /	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cour	ntry		This corporation owes the current year to Personal Property Tax.	Intangible	MNo
24]	9. Name and Address of Current		30			10. Name and Address of New Registere	<del></del>	<del></del>
	5. Maine and Address of Current	Vedisteren Want		81 Name	e	101	<u> / -0                          </u>	
MILO	, THOMAS M JR.		ļ					
	6 CLEARBROOK CIR.			82 Stree	t Addres	ss (P.O. Box Number is Not Acceptable)		
	A RATON FL 33498		ŀ	83				
			1					
			1	84 City		F	85 Zip	Code
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was a	uthorized	by the cor	d corpor poration	ration submits this statement for the purpose i's board of directors. I hereby accept the app	of changing its pointment as re	registered egistered
SIGNATURE						when reinstating) DATE		
<del></del>	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Agenii signawii	3 required w	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
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NAME	MILO, THOMAS JR	_	1,2 NA	ME	1			1
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CITY-ST-ZIP	BOCA RATON FL		Į.	Y-ST-ZiP	-			
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NAMÉ	•		6.2 NA			The state of the s	Marine Co	湖水温泉
STREET ADDRESS			1	REET ADORES	s			- '
CITY+ST-ZIP			6.4 CIT	Y-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 server or trustee empowered to 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 server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation of the corporation or the server or trustee empowered to accurate an equipment of the corporation or the server or trustee empowered to accurate an equipment of the corporation of the corporation or t

SIGNATURE:

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