

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000066523 (9)

1. Corporation Name

HARRY J. MILLER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

855 MORRISON AVENUE
ENGLEWOOD FL 34223

855 MORRISON AVENUE
ENGLEWOOD FL 34223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1184 Kenisco Rd		26 1184 Kenisco Rd		09/08/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Venice FL		27 Venice FL		65-0519282	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
23 34253		28 34253		5. Certificate of Status Desired	
Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 USA		29 USA		6. Election Campaign Financing	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		Trust Fund Contribution	
MILLER, HARRY J		81 Name		<input type="checkbox"/> \$5.00 May Be Added to Fees	
855 MORRISON AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation owes or has paid the current year Intangible	
ENGLEWOOD FL 34223		1184 Kenisco Rd		Personal Property Tax due June 30.	
		83		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		84 City			
		Venice			
		FL			
		85 Zip Code			
		34253			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MILLER, HARRY J	1.2 NAME	
STREET ADDRESS	855 MORRISON AVE	1.3 STREET ADDRESS	1184 Kenisco Rd
CITY-ST-ZIP	ENGLEWOOD-FL	1.4 CITY-ST-ZIP	VENICE, FL. 34253
TITLE	VD	2.1 TITLE	
NAME	MILLER, VALARIE	2.2 NAME	
STREET ADDRESS	855 MORRISON AVE	2.3 STREET ADDRESS	1184 Kenisco Rd
CITY-ST-ZIP	ENGLEWOOD-FL	2.4 CITY-ST-ZIP	VENICE, FL. 34253
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Harry J. Miller Harry J. MILLER 3/10/98 (941) 493-8577

CP2E034 (10/97)