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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

Principal Place of Business

440 ROYAL PALM WAY

PALM BEACH FL 33480

Suite, Apt. #. etc.

City & State

Zip

2. Principal Place of Business

SUITE # 200

21

23

24

P94000080107 (3)

Mailing Address

SUITE # 200 PALM BEACH FL 33480

2a, Mailing Address

City & State

Zip

Suite, Apt. #, etc.

US

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440 ROYAL PALM WAY

JACQUELINE S. MILLER, P.A.

Country

MILLER, JACQUELINE S 13558 COLUMBINE AVE.

WEST PALM BEACH FL 33414

g. Name and Address of Current Registered Agent

FILED	
Mar 02 1998 8:00am	1
Secretary of State	

	DO NOT WRITE IN THIS SPACE								
3.	Date Incorporated or Qualified	-	•						
	10/31/1994								
4.	FEI Number			Applied For					
	65-0532451			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 owes or has p Personal Property Tax due Jun		urrent year X Yes	Intangible No					
10.	Name and Address of New R	egistered	d Agent						

Zip Code

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

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.

Country

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SIGNATURE				No-		
	Signature typed or printed name of registered agent and title if appli		<u></u>	re required when reinstating) DATE	CTOD	C IN 10
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
THTLE	D	☐ DELETE	1.1 TITLE	PS □ □	nange	* Addition
NAME	MILLER, JACQUELINE S		1.2 NAME	MILLER, JACQUELINE S		
STREET ADDRESS	440 ROYAL PALM WAY SUITE 200		1.3 STREET ADDRESS	440 ROYAL PALM WAY, SUITE 200		
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP	PALM BEACH, FLORIDA		
TITLE		☐ DELETE	2.1 TITLE	□ ci	nangé	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		nange	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY+ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		nange	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		nange	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		nange	Addition Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
AITH AT 310			£ 4 0 ITV CT 710			

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.

1/22/98