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 # P94000082270 (7) 1. Corporation Name

MILFORD HOLDING CO.

* '		
9400 0	OCEAN BLVD., CORONADO 128	
JANU D.	OVERN BLYD., CONDINADO 120	
LHOLH AS	ND BEACH FL 33487	
THOUSENING!	AN DEWOLL L SOMO!	

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

3400 S. OCEAN BLVD., CORONADO 12E HIGHLAND BEACH FL 33487

FILED Feb 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/09/1994

4. FEI Number Applied For
23-2792025 Not Applicate

1]		26		_		23-2/92025	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	te	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 4	Country 25	Zip 29	├─┐ ' ├─ ─ ┐ ''		/	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			81	Name				
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City	FI	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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or ponted name of reguleron agent and tipe if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE COHEN, LAWRENCE E NAME 1.2 NAME 774 MILFORD DRIVE STREET ADDRESS 1.3 STREET ADDRESS KINGSTON PA 18704 CITY-ST-ZIP 1.4 CITY-ST-ZIP D DELETE 2.1 TITLE Change Addition COHEN, SALLY F 2.2 NAME NAME 774 MILFORD DRIVE STREET ADDRESS 2.3 STREET ADDRESS KINGSTON PA 18704 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE COHEN, RICHARD S NAME 3.2 NAME 774 MILFORD DRIVE STREET ADDRESS 3 3 STREET ADDRESS **KINGSTON PA 18704** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE COHEN, CHARLES F NAME 4.2 NAME 774 MILFORD DRIVE 4.3 STREET ADDRESS STREET ADDRESS KINGSTON PA 18704 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 THEE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the requiver or mystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or at attachment with an address.

CICNIATUDE.

M. I amor a Court

Course 2/10/94 717 825-7781