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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000087364

MILLER'S HOSPITALITY, INC.

Principal Place of Business

Mailing Address

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90075 006 ***150.00



612 N. ORANGE AVE SUITE C-6 JUPITER FL 33458 612 N. ORANGE AVE SUITE C-6 JUPITER FL 33458						2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
						DO NOT WRITE IN THI	S SPACE	Ē
<u> </u>						3. Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address						12/01/1994		
21		26				4. FEI Number		Applied For
	Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0535985		Not Applicable
22						5. Certifcate of Status Desired	\$8.7	75 Additional
City & State								e Required -
						Trust Sund Contribut	6. Election Campaign Financing Trust Fund Contribution State Added to Food	
24	Country Zip			try		Trust I till Collinbation	Add	ded to Fees
<u> </u>			30			 This corporation owes the current year In Personal Property Tax. 		\checkmark
F	9. Name and Address of Current i	Registered Agent				10. Name and Address of New Registered	☐ Yes	
MIL	LER, JOHN W		8	31	Name	Address of New Registered	Agent	
612 N. ORANGE AVE., SUITE C-6				2	C14 4			
JUPITER FL 33458				2	Street A	Address (P.O. Box Number is Not Acceptable)		
man is outog				3				
			-	⅃.				
			8		City		85 Z	ip Code
11. Pursuant office or a	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statut	es, the above	LL Ve-	named co	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint		
agent. I a	am familiar with, and accept the obligation	Florida. Such change was a	uthorized by	y tr	ne corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoir	changing	its registered
SIGNATURE	-		nda Statute	S.		accept the appoin	unent as	registered
	Signature, typed or printed name of registered agent and	d this if applicable. (NOTE	Registered Age			uired when reinstating)		
12.	OFFICERS AND D	DIRECTORS	13.	arıı Ş	agnature requ			
TITLE	D	☐ DELETE	1.1 TITLE	_		ADDITIONS/CHANGES TO OFFICERS AN) DIREC	TORS IN 12
NAME	MILLER, JOHN W		1.2 NAME				Chang	e 🔲 Addition
STREET ADDRESS	18775 S.E. RIVER RIDGE ROAD			.				İ
CITY-ST-ZIP	TEQUESTA FL 33469		1.3 STREE		i		•	
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-2	3P			}
NAME					1		Change	e 🔲 Addition
STREET ADDRESS		i	2.2 NAME		- 1			1
CITY-ST-ZIP			2.3 STREET		ı			
TITLE		☐ DELETE	2. 4 CITY-S	T-Z	IP	·	-	
NAME			3.1 TITLE		- 1		☐ Change	Addition
STREET ADDRESS			3.2 NAME		1			_
CITY-ST-ZIP			3.3 STREET		1			ł
TITLE		☐ DELETE	3.4. CITY-S1	T-ZI	IP			}
NAME		I DELETE	4.1 TITLE		1		Change	Addition
TREET ADDRESS			4. 2 NAME		1			
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TILE			4.4 CITY-ST-	ZIP	,			
AME		☐ DELETE	5.1 TITLE				Change	Addition
TREET ADDRESS			5.2 NAME		1	· .	7 2.50190	☐ Addition
ITY-ST-ZIP			5.3 STREET A	/DOI	RESS			
TLE			5.4 CITY- ST-	ZIP				ĺ
WE		DELETE	6.1 TITLE				7.Cho===	
REET ADDRESS			6.2 NAME		1	L] Change	Addition
			6.3 STREET A	DOR	RESS			ł
TY-ST-ZIP	Alf and a color		6.4 CITY-ST-2		J		•	1

ST-ZIP

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 chapted, or on an attachment with an address, with all other like empowered.

IGNATURE: