## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000092485 (9) **DOCUMENT #** 1. Corporation Name

MILLER BROTHERS HOLDINGS, INC.  Principal Place of Business Mailing Address							
					3. Date incorporated or Qualified 12/22/1994	3a. Date of 1	Last Report 2/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0543134		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
<b>23</b>	Country	Zip	Country		8. This corporation has liability for Florida Statutes Yes	intang ble tax u	nder s. 199.032,
24 25		29 30			10. Name and Address of New Registered Agent		
	9. Name and Address of Curi	ent negistered Agent	81 N	anne		. <u></u>	
MILED	82 S	reet Addr	ess (P.O. Box Number is Not Acceptab	ole)			
MILLER, ABRAHAM S 1044 SO. MILITARY TRAIL STE. 203							
DEERFIELD BEACH FL 33442			83				
			84 C	ity		FL	35 Zip Code
SIGNATURE .	Signature, typed or printed name of registered a		red by the corporal  bits Registered Agent so  13.		ation submits this statement for the purd of directors. I hereby accept the application of the purpose of the application of the purpose of t	DATE	
12. TITLE	D DELETE		1 1 TITLE				Change 🔲 Addition
NAME	MILLER, ABRAHAM S		1.2 NAME				
STREET ADDRESS 1044 SO. MILITARY TRAIL STE. 203			1.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 334	142	14 CITY-ST Z	P			Change Addition
TIFLE	DELETE		2 1 TITLE			L	Change
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADI				
CITY-ST-ZIP	DELETE		2.4 CHTY-ST-Z 3.1 THTLE	11			Change Addition
TITLE	section		3.2 NAME				
NAME STREET ADDRESS			33 STREET AC	DRESS			
CITY-ST-7IP			3.4 City - ST - 2				
HTLF	DELETE		4 1 TITLE				Change
NAME			4.2 NAME	[			
STREET ADDRESS			4.3.STREET AC	DRESS			
C-1Y - \$1 - Z:P			4.4 CITY - ST - 2	<u> </u>			Change Addition
11'1.E		DELETE	5 1 TILE			₽	O longe C received
NAME			5 2 NAME	E0160			
STREET ADDRESS			5 3 STREET AD				
CITY-ST-ZIP		DELETE	5 4 CITY-SI 6 1 THILE	(II,			Change Addition
THE		[] (1.1.1.	6.2 NAME				

14. For incretive certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 earlity 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.

63 STREET ADDRESS

64 CHY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

305 360 -0617

CR2E034 (12/95)