SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000006350	(9)
i. Corporation Name		~~/

MILLER FISHING SERVICES, INC.

Principal Place of Business Mailing Address 4765 NW 95TH DR. 4765 NW 95TH DR.									
	51H DR. BINGS FL 33076	4765 NW 95TH DR CORAL SPRINGS (
					3. Date incorporated or Qualified 01/20/1995	3a. Dal	te of La	ist Repo	ert
2. Principal P	Place of Business	2a, Mailing Address		FEI Number 相思 · · · · · · · · · · · · · · · · · · ·		X	Appli		
Suite, Apt.	#. etc.	Suite, Apt. #, etc	Suite Ant # etc		Section 2 Section 2			Not A	pplicabl
22		27		5. Certificate of Status Desired			e Requ		
City & Stat	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Zip Country Zip		Countr 30			as liability for intangible tax under s. 199.032.			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Rec	istered A	gent		
м	NLLER, DOUGLAS A		81	Name					
4765 NW 95TH DR.		82	Street Add	Address (P.O. Box Number is Not Acceptable)					
CORAL SPRINGS FL 33076			83	83					
			84	City		FI	85	Zip Cod	de
SIGNATURE	Signature system or printed in the of registered ag	gent and title if applicable	(NOTE Begistered Ag	eor signature requ	ired when reinstating)	OA3E			
12.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D DOLLAR DOLLAR A	DELETI				L	Cha	nge	Additio
NAME	MILLER, DOUGLAS A		1 2 NAME						
STREET ADDRESS CITY-ST-ZIP	4765 NW 95TH DR. CORAL SPRINGS FL 33076	•		T ADDRESS					
TITLE	CONAL SPRINGS PL 33076	DELETI	14CITY- E 21TITLE	S1-2IP			Cha	nae T	Additio
NAME		_	2.2 NAME			_			,
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STREET ADDRESS			3 3 STREE	f Address					
CITY-ST-ZIP		T 1 == ==	3.4 City	ST-ZIP				· ···· · ·	T
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CITY-ST-ZIP		DELETI	4 3 STREE 4 4 CITY -	F ADDRESS			Cha	ago T	Add:tio

CITY-ST-ZIP 64 CITY - ST - ZIP 14. I do hereby 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 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.2 NAME

61 THILE

62 NAME

DELETE

53 STREET ADDRESS

6 3 STREET ADDRESS

54 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Douglas A. Miller 6-12-96 (954)485-

I INDIANO BA ING KANGU SAKAK SONAN ORDAN BANAN BANAN BANAN CANGO AKKON BANAK BANAK BANAK

Change Addition