

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000010700 (9)

1. Corporation Name

MILKAR, INC.

Principal Place of Business

1385 ROVERSIDE CIRCLE
WELLINGTON FL 33414

Mailing Address

1385 ROVERSIDE CIRCLE
WELLINGTON FL 33414



2. Principal Place of Business	2a. Mailing Address
21 1126 CHEETHAM HILL	26 1126 CHEETHAM HILL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 LOXAHATCHEE, FL	28 LOXAHATCHEE, FL
Zip	Zip
24 33470	29 33470
Country	Country
25 PALM BCH	30 PALM BEACH

3. Date Incorporated or Qualified	3a. Date of Last Report
02/07/1995	
4. FEI Number	Applied For
65-0557018	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MILLER, KAREN
1385 ROVERSIDE CIRCLE
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81. Name	SAME
82. Street Address (P.O. Box Number is Not Acceptable)	1126 CHEETHAM HILL
83.	
84. City	LOXAHATCHEE
FL	85. Zip Code
	33470

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 607.05, Florida Statutes.

SIGNATURE

Karen D. Miller

KAREN D. MILLER / PRESIDENT

4/26/96

Signature typed or printed name of registered agent and office address

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	KAREN D. MILLER
STREET ADDRESS	1126 CHEETHAM HILL
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROY A. MILLER
1.3 STREET ADDRESS	1126 CHEETHAM HILL
1.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	500001821645
4.4 CITY-ST-ZIP	-05/15/96--01001--035
5.1 TITLE	***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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. 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 in an attachment with an address.

SIGNATURE

Karen D. Miller

KAREN D. MILLER

4/26/96

(407) 687-1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)