May 07, 1999 8:00 am Secretary of State

05-07-1999 90072 025 ***150.00

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 # P9500012638

1. Corporation Name							
JEFFREY L. MILLER INVESTMENTS, INC.						-15: 1:0:0 ::-:5 01105	
Material Control		Mailing Address				KARI KARIA MANA AMPA	INSEL ION SOCI
Principal Place of Business Mailing Address							
3218 W. AZEELE STREET 3218 W. AZEELE STREET TAMPA FL 33609 TAMPA FL 33609							
THE TE COOL					DO NOT WRITE IN THIS SPACE		
i I					3. Date Incorporated or Qualifed 02/13/1995		
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number	Ar	oplied For
21				59-3297535	No	ot Applicable	
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.	t. #, etc.		5. Certifcate of Status Desired	· - · · ·	Additional
22 27						equired	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year		_
24	25		30		Personal Property Tax.	☐ Yes	□No :
Name and Address of Current Registered Agent				T 50:	10. Name and Address of New Registe	red Agent	
DDIUM D. MALIDICE			81	Name			
BRUHILD, MAURICE 3314 HENDERSON BLVD.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
#107			83	-			
TAMPA FL 33606				City		85 Zip	Code
			84			FL	
office or r	egistered egent, or both, in the Stat	e of Florida. Such change was at	uthorized by	the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	se of changing its appointment as re	registered gistered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	rida Statutes	3.			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Agei	nt signature require	ed when reinstating) DA1	Ē	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	D	☐ DELETE	1,1 TITLE	ļ		Change	Addition
	MILLER, JEFFREY L		1.2 NAME				
STREET ADDRESS			1,3 STREE	TADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			C Addition
TITLE			2.1 TITLE			☐ Change	Addition
NAME	2.21		2,2 NAME	- 1			
STREET ADDRESS				TADDRESS			,
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP		Change	Addition
TITLE			3.1 TITLE 3.2 NAME	Ì		C. Ottoriska	
NAME	l l		3.3 STREET ADDRESS				
STREET ADDRESS			3.3 STREE	,			
CITY-ST-ZIP TITLE			4.1 TITLE	31-Zir		Change	Addition
NAME		_	4, 2 NAME				i
STREET ADDRESS			1	TADORESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5,1 TITLE			Change	☐ Addition
NAME	5		5.2 NAME				
STREET ADDRESS	ADDRESS 53		5.3 STREE	TADDRESS			
CITY-ST-ZIP	P 54		5.4 CITY-S	ST-ZIP			
TITLE	2		6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	}			
STREET ADDRESS			6.3 STREE	TADDRESS			

14. 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 armulal 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 change by or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RE REQUIRED