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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

CITY-ST-ZIP

P95000030294 (9)

MILLBROOK GREER ASSOCIATES, INCORPORATED Principal Place of Business Mailing Address 9785 NW 48TH DR P.O BOX 77-1531 **CORAL SPRINGS FL 33076** CORAL SPRINGS FL 33077 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0582119 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Country Country Zio 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRUZ, ANGEL H 9785 NW 48TH DR. 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33076** 83 84 City 85 Zip Code 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regels to classes trace the if ample able (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition ☐ DELETE 1.1 TiTLE ___ Change TITLE CRUZ, ANGEL H NAME 1.2 NAME 9785 NW 48TH DR. STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33076** 1.4 CITY- ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 21 TITLE CRUZ, DIANE D NAME 2.2 NAME 9785 NW 48TH DR. STREET ADDRESS 2.3 STREE1 ADDRESS **CORAL SPRINGS FL 33076** CITY-ST-ZIP 2. 4 CITY - 51 - 2IP DILETE Change ___ Addition 3 1 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY- ST - ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 City - \$1 - ZiP DELETE Change Addition 6 1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP 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 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 it ehanged, or on the attachment with an address.