

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
 Jun 03 1998 8:00 am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 995000032299  
 1. Corporation Name  
MILLER, ABRAMSON & CO. INC.

Principal Place of Business Mailing Address  
5301 N. FEDERAL HWY # 370  
BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	23. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	24. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	25. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	27. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	28. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	29. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	30. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified  
APRIL 21, 1995

4. FEI Number 65-0621201 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
Cheryl ABRAMSON  
22145 Hollyhock TRAIL  
Boca Raton, FL 33433

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City FL 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 Cheryl Abramson 5-18-98  
Signature typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<u>DIRECTOR</u> <input type="checkbox"/> DELETE
NAME	<u>LISA MILLER</u>
STREET ADDRESS	<u>5301 N. FEDERAL HWY #370</u>
CITY-ST-ZIP	<u>BOCA RATON, FL 33487</u>
TITLE	<u>DIRECTOR</u> <input type="checkbox"/> DELETE
NAME	<u>CHERYL ABRAMSON</u>
STREET ADDRESS	<u>22145 Hollyhock TRAIL</u>
CITY-ST-ZIP	<u>BOCA RATON, FL 33433</u>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<u>900002549083</u>
5.3 STREET ADDRESS	<u>-06/05/98--01076--001</u>
5.4 CITY-ST-ZIP	<u>***150.00</u>
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 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 if changed, or on an attachment with an address

SIGNATURE [Signature] 5/18/98

CR2E034 (10/97)