

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000033054 (4)**

1. Corporation Name
EDWARD D. MILLER, INC.

Principal Place of Business

Mailing Address

**714 NE LANFAIR ST
PT ST LUCIE FL 34983**

**714 NE LANFAIR ST
PT ST LUCIE FL 34983-1229**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1995	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 14-6508648	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J. SPIEGEL
343 ALMERIA AVE
CORAL GABLES FL 33134**

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 *Edward D. Miller* DATE **4/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, EDWARD D JR	1.2	NAME
STREET ADDRESS	714 NE LANFAIR ST	1.3	STREET ADDRESS
CITY - ST - ZIP	PT ST LUCIE FL 34983	1.4	CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	2.1	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2	NAME
STREET ADDRESS		2.3	STREET ADDRESS
CITY - ST - ZIP		2.4	CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	3.1	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	NAME
STREET ADDRESS		3.3	STREET ADDRESS
CITY - ST - ZIP		3.4	CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	4.1	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	NAME
STREET ADDRESS		4.3	STREET ADDRESS
CITY - ST - ZIP		4.4	CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY - ST - ZIP		5.4	CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY - ST - ZIP		6.4	CITY - ST - ZIP

14. I do 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: *Edward D. Miller* DATE **4/30/97** DAYTIME PHONE # **561-871-6010**

CR2E034 (9/96)