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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

1. Corporation Name

P95000053953 (2)

IHE	MILHOUSE GROUP, INC.				<b>                                    </b>
Principal Place	of Business	Mailing Address			
6961 TAFT STREET 6961 TAFT STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024					
				3. Date Incorporated or Qualified 07/13/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65 - 0594 (43	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.	·	<b>6</b> 0-00 14 713	Not Applicable
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	3	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zφ	Country	Zip	Country	This corporation has liability for in	Added to Fees
24	25	29	30	Florida Statutes Yes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	
343 AL	AW FIRM OF LAWRENCE J SP MERIA AVENUE . GABLES FL 33134	iegel Chrtd	83 84 City	TOHN R. ORTE tress (P.O. Box Number is Not Acceptable 361 79FT SMS	9)
familiar with SIGNATURE	h, and accept the obligations of, Sec	ction 607.0505, Florida Statut つんてどる人	nes, the above named corpic	oration submits this statement for the purp and of directors. Thereby accept the appoi	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1 TITLE		Change Addition
NAME	SHIN, STEVEN J		1.2 NAMÉ		
STREET ADDRESS	6861 TAFT STREET		1.3 STREET ADDRESS		1
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 CITY - ST - Z-P		
THILE	VSD	DELFTE	2 1 T TLF		Change Addition
NAME EXCELL ADDRESS	ORTEGA, CHAP T 6861 TAFT STREET		2.2 NAME		
STHEEL ADDRESS	HOLLYWOOD FL 33024		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	HOLETWOOD PL 33024	[] DELETE	2 4 CH Y + ST - ZIP		
NAME		€ precit	3 1 111(		Change Addition
STREET ADDRESS			3 2 NAME		
CITY-ST-ZIP			33 STREET ADDRESS		
TITLE		□ DECETE	3.4.C(TY ST - Z(P) 4.1.T(TLE		
NAME		hand Sarate	4 2 NAME		Change Addition
STREET ADDRESS					i
CITY-ST-ZIP			4.3 STREE! ADDRESS		
TITLE		DELETE	5 : 1-TLF		Change Cladde
NAME		-	5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST ZIP		
fille		DELETE	6 1 TITLE		Change ( ) Addition
NAME		<del></del>	6.2 NAME		C onerige C Addition
STREET ADDRESS			53 STHEET ADDRESS		1
CITY-ST-ZIP			64000 6170		

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 on a attachment with an address.

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED AME OF SIGNING OFFICER OR DIRECTOR.

District Control of the corporation of the corporation

Stevan J. Shim 6-6-96 (954)966-4133 Desident Date Property