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

CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000062633 (9) **DOCUMENT #** 

1.	Corporation Name	-	_	_	_	_	_	_	_	
	AMILEO INDUCTOR			71	110		ki/	•		

MILLER INDUSTRIAL ELECTRIC, INC. Principal Place of Business Mailing Address 2646 WEST 77TH PLACE 2646 WEST 77TH PLACE HIALEAH FL 33016 HIALEAH FL 33016 3. Date Incorporated or Qualified 3a. Date of Last Report 08/11/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-06344 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 **\$5.00** May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country  $Z_{0}$ Zιρ Country Florida Statutes Yes No **2**9 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MILLER, ROBERT NEIL JR. Street Address (P.O. Box Number is Not Acceptable) 82 2646 WEST 77TH PLACE 83 HIALEAH FL 33016 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Styr ature, typed or printed name of registered agent and title if above able (NOTE: Rugistated Agent signature required when tendstating DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE ☐ Addition 1. 1 TITLE TILLE MILLER, ROBERT NEIL JR. 1.2 NAME NAME 5705 SOUTH WEST 115TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS COOPER CITY FL 33330 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition THELF ["] DELETE 2 1 TiT.E 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - Ziff 24 City - 51 ZiP DELETE ☐ Change Addition 3 1 TIFLE TATLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C(TY - ST - Z)P DELFIL ☐ Change Addition 4 1 11 LE DITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - St - ZiP CHY-S1-2IP DELETE Change ☐ Addition 5 1 THILF TiTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST-ZIP DELETE ☐ Change Addition DILE 6 1 TITLE

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 accural 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 13 if changed, or on an attachment with an address

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS City - S1 - ZiF

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/96 305/881-3848

CR2E034 (12/95)