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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 POCUMENT # P95000069840 (3)

1. Corporation Name JON MILTON & ASSOCIATES, INC.  Principal Place of Business Mailing Address 3808 SE LOWER STREET STUART FL 37997 STUART FL 34997-8150													
										<ol> <li>Date Incorporated or Qualified</li> <li>09/07/1995</li> </ol>		Date of Last R <b>/09/1996</b>	eport
	Principa: P	lace of Busin	1088	<u> </u>	2a. Mailing Address					4. FEI Number		<del></del>	plied For
21	Suite, Apt	# elc		Suite, Apt. #, etc.					65-0619192		\$8.75	Additional	
22	renter, i ipri	W, O.C.		27					- 1	6. Certificate of Status Desired			equired
23	City & State	e		City & S 28	tate					Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
24	'ıp		Country 25	Ζιρ <b>29</b>		30	intry			<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	Yes	<b>⋈</b> No	. 199.032,
			and Address of Curre	nt Registered Ag	ent		81	Name	1	0. Name and Address of New	Registere	l Agent	
RAPP, MICHELLE M 750 E SAMPLE ROAD BLDG 3 SUITE 227 POMPANO BEACH FL 33084							82 83		et Address (P.O. Box Number is Not Acceptable)			Codo	
							84	City			FI	<b>85</b> . Zip	Code
	Pursuant office or n agent. La NATURE		ions of Sections 607.05X iont, or both, in the State ith, and accept the oblig or preted name of registered ag							tion submits this statement for the s board of directors. I hereby acc then reinstating)	e purpose cept the ap	of changing it opointment as	s registered registered
12.			OFFICERS AN	D DIRECTORS		13.				ADDITIONS/CHANGES TO OF	FICERS AF		
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NAME					PERIL	5.2 N		1				Fin Sumile	Fund reconsort
		1				F ''		- 1	1				

64 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

STREET ADDRESS.

STREET ADDRESS

CITY - ST - ZIP

NAME

JOHN COLUMNIC OF STOWN OFFICE OF STREETON MILITON

DELETE

PRESIDENT

4/11/97

**FILED** 

Apr 29 1997 8:00am

Secretary of State

(561) 221-0687

Change

Addition

0472607