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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091974 (2)

MILLWARD AND COMPANY R. E., INC.

## FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								\$ 100   100   110   101   101   101   101   101   101   101   101   101   101   101   101   101   101   101
2745 W. CYPRESS CREEK ROAD 2745 W. CYPRESS CREEK								
FORT LAUDER	RDALE FL 33	FORT LA	FORT LAUDERDALE FL 33309-1757				DO NOT WEITE IN THE ADARS	
								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 12/04/1995
2. Principal Pl	lace of Busin	2a. Mailing	2a. Mailing Address				4. FEI Number Applied For	
21		26	<u> </u>				NOT APPLICABLE Not Applicable	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	
22		27					Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28		1			Trust Fund Contribution
Zip		Country	Ζιρ		<del></del>	untry		8. This corporation owes or has paid the current year Intangible
24		25	29	mant	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent     MILLWARD, WILLIAM I.H.						81	Name	
		RESS CREEK RD.				82 Street Address (P.O. Box Number is Not Acceptable)		
PI.	LAUDERU	ALE FL 33309-1757				100		
						83		
						84	City	85 Zip Code
								FL   2 P COOR
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 register 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 registers								
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								
Signature, typed or printed nature of ring stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	D	OFFICERS AND	DIRECTORS	DELETE	13. 1.1 I		<del>-</del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	-	RD, WILLIAM I. H		Detter				Change D Addition
ATAE IN COUNTRY COLD						1.2 NAME		
FART LAUREDRALE EL 22200 1757						1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		'
CITY-ST-ZIP	D	TODETIDALE I E GOOG	-1737	DELETE			1 - ZIP	Change Addition
TITLE	-	CENZO, RONALD A		☐ NECE IE	2.1 T		Ţ	Li Change Li Addition (
NAME		CYPRESS CREEK RO	AD.		2.2 N			
STREET ADDRESS			2.3 STREET AL					
CITY-ST-ZIP	roni D	AUDERDALE FL 33309	7-17-57	Printe		CITY-S	iT-ZIP	Character Laddica
TITLE				DELETÉ	3.1 Ţ			· Change Addition
NAME					32 N		1	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	<del>_</del>			DCI CYC		CITY-S	T-ZIP	OL LAND
TITLE				DELETE	4.1 T			☐ Change ☐ Addition
NAME						NAME		
STREET ADDRESS							ADDRESS	·
CITY-ST-ZIP				The second		ITY-S	I-ZIP	
TITLE				DELETE	5.1 T			☐ Change ☐ Addition
NAME					5.2 N	-		
STREET ADDRESS					5.3 S	IREET.	ADDRESS	
CITY-ST-ZIP			~~~~		5.4 0	ITY - S1	r- ZIP	
TITLE				☐ DELETE	6.1 T	ITLE		Change Addition
NAME					6.2 N	AME		
STREET ADDRESS					6.3 S	TREET .	ADDRESS	
CITY-ST-ZIP					6.4 C	ITY-SI	r-ZIP	

14. Thereby 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 13 if changed, or on an attachment with an address.

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