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

DOCUMENT # P9600002546 (5)

TERESE M. MILLER, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------|-----------------------------|
| 1432 9TH ST N | 1432 9TH ST N |
| ST PETERSBURG FL 33704 | ST PETERSBURG FL 33704-3302 |

FILED Jan 24 1997 8:00am Secretary of State



| ST PETERSBURG FL 33704 | | ST PETERSBURG FL 33704-3302 | | | | | | |
|--|--|--------------------------------|--------------|--|---|--|--|--|
| | | | | | 3. Date Incorporated or Qualified 01/04/1996 | 3a. Date of Last Repor | 3a. Date of Last Report | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | Applied | d For | |
| 21 26 | | | | | 69-33522 | 96 Not Ap | plicable | |
| Suite, Apt. #, etc Suite, Apt. #, etc 27 | | | | 5. Certificate of Status Desired | \$8.75 Addit | | | |
| City & State City & State 28 | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Zip | Country | Zip | Cou | intry | 8. This corporation has liability for | intangible tax under s. 199 | 9.032, | |
| 24 | 25 | 29 | 30 | | | Yes No | | |
| | 9. Name and Address of Curi | ent Registered Agent | | | 10. Name and Address of New Re | | | |
| MILL | er, terese m | | | 81 Name | RESE M. MILLER | ー, あんこ | | |
| | 12TH AVE NE PETERSBURG FL 33701 | | | 82 Street Ad /43 | dress (P.O. Box Number is Not Acceptate 2 744 ST, NORTH | | | |
| | | | | | r. Petersburg | | | |
| | | | | 84 City | • | FL 85 Zip Code | 6 | |
| office or r agent. I a | to the provisions of Sections 607.0 egistered agent, or both fir the Sta im familiar with, and accept the ob | ite of Fiorida. Such change wa | s authorize | d by the carnor | rporation submits this statement for the patients beard of directors. I hereby accept | urpose of changing its regitation as regit | gistered istered | |
| SIGNATURE | Signature hypid or provide a manufactored | | | d Agent signature req | oulred when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE | —————————————————————————————————————— | |
| 12. TIT.E | OFFICERS A | AND DIRECTORS DELETE | 13. | 715 | ADDITIONS/CHANGES TO OFFIC | | Addition | |
| NAME STREET ADDRESS CITY-ST-7IP | MILLER, TERESE M 635 12TH AVE NE ST PETERSBURG FL 33701 | | 12 N 13 S | AME | MILLER TERESE 492 94 ST. NORTI ST. PEPERSBURG | M. — H | . | |
| TILE | | DELETE | 21 T | | | Change | Addition | |
| NAME | | | 22 N | AME | | | | |
| STREET ADDRESS | | | 23S | TREET ADDRESS | | | | |
| CITY-SI-ZIP | | | 2.46 | DITY-ST-ZIP | | | | |
| TITLE | | DELETE | 3.1 T | TLE | | Change | Addition | |
| NAME | | | 3.2 N | AME | | | | |
| STREET ADDRESS | | | 3.3 S | TREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. 0 | CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 4.1 T | ITLE | | Change | Addition | |
| NAME | | | 4.21 | IAME | | | | |
| STREET ADDRESS | | | 4.3 S | TREET ADDRESS | | | | |
| City-ST ZIP | | 4.4 | | ITY-ST-ZIP | | | | |
| T)*LE | | DELETE | 5.1 T | ITLE | | Change | Addition | |
| NAME | | | 5.2 N | AME | | | | |
| STREET ADDRESS | | | 5.3 S | TREET ADDRESS | | | | |
| CITY - ST - ZIP | | | 540 | ITY-ST-21P | | | | |
| TILLE | | DELETE | 6.1 T | | | Change _ | Addition | |
| NAME: | | | 6.2 N |] | | | | |
| STREET ADDRESS | | | - 1 | TREET ADDRESS | | | | |
| | | | | ITY-ST-ZIP | | | | |
| CITY ST-ZIP | L | had with this bline does not a | | | ted in Section 119.07(3)(i), Florida Statute | a I further cortifu that the | | |

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pres.

1,597 (818)821-