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

**PROFIT CORPORATION ANNUAL REPORT** 1998

Bernand Charles of the Control of th

Manual Canada

The Later Street, Lines.

の対対は2、計算の1. 大田の一般の1. 人間の1. 大田の一般の1. 大田の一の1. 大田の一の1.

の間のないのでは、大きのははないは、これのは、これの大きなはないはないにある

一篇 李子



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000009210 (1) DOCUMENT #

MILLER INTERNATIONAL MANAGEMENT, INC.

**FILED** Apr 30 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  |   |   |  |              |              |                 |  | 1111 98119 1 | #11# F(##) 1                   |                        |  |
|--|---|---|--|--------------|--------------|-----------------|--|--------------|--------------------------------|------------------------|--|
| 116 GOVERN   |   |   | 537 EAST PARK AVENUE<br>TALLAHASSEE FL 32301 |              |              |                 |  |              |                                |                        |  |
|  | DE BEACH FL 32082   | TAI                                     |  |              |              |                 | DO NOT WRITE IN THIS SPACE   |              |                                |                        |  |
| US   | US  |   |  |              |              |                 | 3. Date Incorporated or Qualified  | 11113 35     |                                |                        |  |
|  |   |   |  |              |              |                 | 01/30/1996   |              |                                |                        |  |
| 9 Principal P  | lace of Business  | 20 1                                    | Mailing Address                              |              |              |                 | 4. FEI Number  |              |                                | pplied For             |  |
|  | aco or bodiness   | $\vdash$                                | <b>⊢</b> ₁                                   |              |              |                 |  |              | <del></del>                    | ot Applicable          |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.                          |              |              |                 | 56-1959185   | PD 75 A      |                                |                        |  |
| <b>–</b>   |   |   | 27   |              |              |                 | 5. Certificate of Status Desired   | j            |                                | Additional<br>lequired |  |
| City & State   |   |   | City & State                                 |              |              |                 | C Floring Committee Figure 1   |              |                                |                        |  |
| 23   |   |   | 28   |              |              |                 | 6. Election Campaign Financing Trust Fund Contribution   | 1            | \$5.00 May Be<br>Added to Fees |                        |  |
| Zip  |   |   |  | Cou          | intry        |                 |  |              |                                |                        |  |
| 24]  | 25  | 29                                      | .42  | 30           | ,,,,,        |                 | <ol> <li>This corporation owes or has paid the<br/>Personal Property Tax due June 30.</li> </ol>   | e currer     |                                | No No                  |  |
| 24]  |   | and Address of Current Registered Agent |  |              |              |                 | 10. Name and Address of New Registe  |              |                                |                        |  |
| 111  |   | ATT THOUSAND                            |  |              | 81           | Name            | 10. The state state of the stat |              |                                |                        |  |
|  | IDERWOOD, ROBERT L  |   |  |              |              |                 |  |              |                                | _                      |  |
| CARL A. BETOCH, P.A.   |   |   | 82   |              |              | Street A        | ddress (P.O. Box Number is Not Acceptable)   |              |                                |                        |  |
|  | 7 EAST PARK AVENUE  |   |  |              | 83           |                 |  |              |                                |                        |  |
| TA   | LLAHASSEE FL 32301  |   |  |              | 63           |                 |  |              |                                |                        |  |
|  |   |   |  |              | 84           | City            |  |              | <b>85</b> Zip                  | Code                   |  |
|  |   |   |  |              |              |                 |  | FL           |                                |                        |  |
| 11. Pursuant   | to the provisions of Sections 607.05<br>egistered agent, or both, in the Stat | 02 and 607.<br>o of Elorida             | .1508, Florida Statu<br>Such change was      | ites, the al | bove<br>d hu | named o         | orporation submits this statement for the purporation's board of directors. I hereby accept the  | ose of cl    | tanging                        | its registered         |  |
| agent. I a   | m familiar with, and accept the obli  | gations of S                            | Section 607.0505, F                          | lorida Stat  | lutes        |                 | orations board of directors. Thereby accept the  | appon        | milet it as                    | s registered           |  |
| SIGNATURE  |   |   |  |              |              |                 |  |              |                                |                        |  |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Register |   |   |  |              |              | nt signature r  | -  | ATE          |                                |                        |  |
| 12.  | OFFICERS A  | ND DIRECTO                              |  | 13,          |              |                 | ADDITIONS/CHANGES TO OFFICERS  |              |                                |                        |  |
| TITLE  | <u> </u>  |   |  | 1.1 TF       | TLE          |                 |  | i            | _ Change                       | Addition               |  |
| NAME   | MILLER, PAUL  |   |  | 1.2 NA       | 1.2 NAME     |                 |  |              |                                | 1                      |  |
| STREET ADDRESS   |   |   |  | 1.3 ST       | REE1         | ADORESS         |  |              |                                |                        |  |
| CITY-ST-ZIP  | TALLAHASSEE FL  |   |  | 1.4 CI       | TY-SI        | r-ZIP           |  |              |                                |                        |  |
| TITLE  | PD  |   | DELETE                                       | 2.1 TO       | 2.1 TITLE    |                 |  | E            | Change                         | ☐ Addition             |  |
| NAME   | MILLER, DEBORAH N   |   | 2.2 N  |              | 2.2 NAME     |                 |  |              |                                | ĺ                      |  |
| STREET ADDRESS   | 116 GOVERNORS RD  |   | 2.3 \$                                       |              |              | ADDRESS         |  |              |                                |                        |  |
| CITY-ST-ZIP  | PONTE VERDE BEACH FL  |   | 2.4  |              |              | T-ZIP           |  |              |                                |                        |  |
| TITLE  |   |   | DELETE                                       | 3.1 Tr       | _            |                 |  |              | Change                         | Addition               |  |
| NAME   |   |   | 3.2 N  |              |              |                 |  |              | -                              |                        |  |
| STREET ADDRESS   |   |   |  |              | -            | ADDRESS         |  |              |                                | 1                      |  |
| CITY-ST-ZIP  |   |   | 3.4.0  |              |              |                 |  |              |                                | 1                      |  |
| TITLE  |   |   |  | 4.1 TI       |              | , - <u>L</u> II |  |              | Change                         | Addition               |  |
| NAME   |   |   |  | 4.2 N        |              | 1               |  | _            |                                |                        |  |
| STREET ADDRESS   |   |   |  |              |              | ADDRESS         |  |              |                                | į                      |  |
|  |   |   |  |              |              |                 |  |              |                                |                        |  |
| CITY-ST-ZIP  |   |   | DELETE                                       | 4.4 CI       |              | - ZIP           |  | ~            | Change                         | Addition               |  |
| TITLE  |   |   | וייז הנרנונ                                  | 5.1 1/1      |              |                 |  | L            | 1 mignige                      | TT VOULIDIE            |  |
| NAME   |   |   |  | 5.2 NA       |              | }               |  |              |                                | J                      |  |
| STREET ADDRESS   |   |   |  | 5.3 \$1      | REET         | address [       |  |              |                                | [                      |  |
| CFTY-ST-ZIP  |   |   |  | 5.4 01       |              | - ZIP           |  |              | 1                              |                        |  |
| TITLE  |   |   | DELETE                                       | 6.1 TO       | LE           |                 |  | L            | ] Change                       | ☐ Addition             |  |
| NAME   |   |   |  | 62 N/        | AME          |                 |  |              |                                | İ                      |  |
| STREET ADDRESS   |   |   |  | 6.3 \$1      | REET         | address         |  |              |                                | J                      |  |
| CFTY-ST-ZIP  |   |   |  | 6.4 CI       | TY-ST        | - ZIP           |  |              |                                |                        |  |
|  |   |   |  |              |              |                 |  |              |                                |                        |  |

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 suppliemental 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 eq an attachment with an address.