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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000034905 (5)

1. Corporation Name
MILLER EXPRESS DELIVERY, INC.



Principal Place of Business

Mailing Address

JERRY M SYROP
1515 UNIVERSITY DRIVE, SUITE 218
CORAL SPRINGS FL 33071

JERRY M SYROP
1515 UNIVERSITY DRIVE, SUITE 218
CORAL SPRINGS FL 33071-6086

3. Date Incorporated or Qualified
04/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 % Walter C Miller

26 % Walter C Miller

Suite, Apt #, etc.

Suite, Apt #, etc.

22 2820 Thomas Cove Dr

27 2820 Thomas Cove Dr

City & State

City & State

23 Groveland FL.

28 Groveland FL.

Zip 34736

Country

Zip 34736

Country

24 FL.

25 LAKE

29 34736

30 LAKE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SYROP, JERRY M
1515 UNIVERSITY DRIVE
SUITE 218
CORAL SPRINGS FL 33071

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP
P	Walter C Miller	2820 Thomas Cove Dr.	Groveland FL. 34736

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

SIGNATURE: X *Walter C Miller* Walter C Miller 3/5/97 323 8041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (9/96)