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Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOCUMENT # P96000052996 (1) 1. Corporation Name STEPHEN J. MILLER, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 551 TIBERON COVE RD LONGWOOD FL 32750 | | Mailing Address 551 TIBERON COVE RD LONGWOOD FL 32750-2948 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 21 AS ABOVE Suite, Apt #, etc | | 2a. Mailing Address 26 Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 City & State | | 27 City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Zip Country | | 28 Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9. Name and Address of Current Registered Agent MOYER, PAUL V 2627 W STATE RD 434 LONGWOOD FL 32779 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D MILLER, STEPHEN J</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">551 TIBERON COVE RD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LONGWOOD FL 32750</td> </tr> </table> | | TITLE | D MILLER, STEPHEN J | <input type="checkbox"/> DELETE | NAME | | | STREET ADDRESS | 551 TIBERON COVE RD | | CITY-ST-ZIP | LONGWOOD FL 32750 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1.1 TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>2.2 NAME</td> <td>V MARIA J. MILLER</td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>551 TIBERON COVE RD</td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>LONGWOOD, FL. 32750</td> </tr> <tr> <td>3.1 TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table> | | 1.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | 1.2 NAME | | 1.3 STREET ADDRESS | | 1.4 CITY-ST-ZIP | | 2.1 TITLE | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> | 2.2 NAME | V MARIA J. MILLER | 2.3 STREET ADDRESS | 551 TIBERON COVE RD | 2.4 CITY-ST-ZIP | LONGWOOD, FL. 32750 | 3.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | 3.2 NAME | | 3.3 STREET ADDRESS | | 3.4 CITY-ST-ZIP | | 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | 4.2 NAME | | 4.3 STREET ADDRESS | | 4.4 CITY-ST-ZIP | | 5.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | 5.2 NAME | | 5.3 STREET ADDRESS | | 5.4 CITY-ST-ZIP | | 6.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | 6.2 NAME | | 6.3 STREET ADDRESS | | 6.4 CITY-ST-ZIP | |
| TITLE | D MILLER, STEPHEN J | <input type="checkbox"/> DELETE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STREET ADDRESS | 551 TIBERON COVE RD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2.2 NAME | V MARIA J. MILLER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.3 STREET ADDRESS | 551 TIBERON COVE RD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4 CITY-ST-ZIP | LONGWOOD, FL. 32750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: <u>Stephen J. Miller</u> <u>2/13/97</u> (407) 260-9521 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



CR2E034 (9/96)