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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000054260 1. Corporation Name

MILLER APPRAISAL SERVICE, INC.

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90005 006 \*\*\*150.00



Principal Plac	ce of Business	Mailing	g Address			1 10011001 110 15110 61111	DE III BEIII DOINE DOIDI		E1111 E841 1481
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							T WRITE IN THIS	SPACE	
						3. Date Incorporated or Qu	ualifed		
2 Principal P	Place of Business	2a, Mai	illing Address	<del> </del>		06/24/1996 4. FEI Number		ΙΔn	plied For ,
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Suite, Apt.	. #, etc.		ite, Apt. #, etc.					\$8.75	
22	•	27				5. Certifcate of Status Des	ired 🗌	Fee Re	quired
City & Star	te	City	y & State	•		6. Election Campaign Fina	ncing	\$5.00	
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Г	Country		8. This corporation owes the	ne current year In	tangible	ΧÍNο
24	25 9. Name and Address of Cur	29		30		Personal Property Tax.  10. Name and Address of	New Penistered		ALINO 11 -
	3, maine and Address of Cur	runt iveAlorete	a udenr	81	Name		, , , , , , , , , , , , , , , , , , ,	3.	1. 4.3
MILLER, ANDREW T					a la			*	
	ROCKEFELLER DRIVE STE C			82	Street Ad	ldress (P.O. Box Number is Not A	(cceptable)		
ORM	IOND BEACH FL 32176			83		· · · · · · · · · · · · · · · · · · ·			State Land
			*· · ·	84	City			85 Zip C	1. 3.5 St. 35
				04	City		FL	* 85 Zip 0	20de
							for the number of	changing its	registered
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.19	508, Florida Statute	es, the above	e-named co	proporation submits this statement	coccept the appe	internet as ro	aictored
office or a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. S	luch change was au	thorized by	the corpora	orporation submits this statement ation's board of directors. I hereby	accept the appo	intment as re	gistered
office or a	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Si ligations of, Sec	such change was au ction 607.0505, Flori	ithorized by ida Statutes	the corpora	ation's board of directors. I hereby	accept the appo	intment as re	gistered
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: