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PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056058 (6)

MILLER PAINT OF PEMBROKE PINES, INC.

Principal Piace of Business Mailing Address 7638 PETERS ROAD 7638 PETERS ROAD PLANTATION FL 33324 PLANTATION FL 33324-4002 3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes 🗌 No 30 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MILLER, DAVID **7638 PETERS ROAD** Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 Separation typed or protecting a conference agent and title mappingable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)■ DELETE TITLE 1 1 TITLE Change Addition MILLER, DAVID NAME 12 NAME 7638 PETERS ROAD STREET ADDRESS 13 STREET ADDRESS **PLANTATION FL 33324** CITY-ST-7/P 1.4 CITY - ST - ZIP ☐ DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIE 3.4. City-St-ZiP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TETLE Change Addition 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 City-St-ZiP

14. If 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 chapted, or on an attachment with an address. SIGNATURE:

FILED

Jan 23 1997 8:00am

Secretary of State