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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081789 (5)

PHILLIP A MILLER, P.A.

**FILED** Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 1001(62) (10 (61)) and and and an in the interior		
4013 ORANGE		POST OFFICE BOX 4007					
VALRICO FL 33594-7032		BRANDON FL 33509-007 US		DO NOT WRITE IN TI	DO NOT WRITE IN THIS SPACE		
ĺ		••			3. Date Incorporated or Qualified		
					09/19/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0705631	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22 City • State		City & State					
City & State 23		28		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Zip Country		This corporation owes or has paid the			
24	25 29 33509-4007 30			,	Personal Property Tax due June 30.	Yes No	
	9, Name and Address of Current		-1	······	10. Name and Address of New Registe	red Agent	
FER	RNANDEZ, KRISTOPHER E		81	Name			
307 SOUTH BLVD STE D			62	2 Street Au	ddress (P.O. Box Number is Not Acceptable)		
	MPA FL 33606						
			83	3			
			84	1 City		85 Zip Code	
						FL 00 2.5 5555	
agent. I a	m familiar with, and accept the obligation				orporation submits this statement for the purporation's board of directors. I hereby accept the		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSTD	☐ DELETE	1.1 TITLE	ł	441	Change	
NAME	MILLER, PHLLIP A		1.2 NAME		MICLER, PHILLIP A	<b>?</b> .	
STREET ADDRESS	4013 ORANGEFIELD PLACE			ET ADDRESS			
CITY-ST-ZIP	VALRICO FL-32~	DELETE	1.4 CITY-	ST - ZIP	MILLER, PHILLIP F VALRICO FL 33594	Change Addition	
TITLE		☐ DECEIE	2.1 TITLE			L CHANGE L MUNITURY	
NAME			2.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2.4 CITY 3.1 TITLE			Change Addition	
NAME			3.7 INCL	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3 4. CITY				
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAM	Ē			
STREET ADDRESS			6.3 STREE	ET ADDRESS			
CITY-ST-ZIP			6.4 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 armula 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 occurrent Director of the occurr

SIGNATURE: