

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

FILED  
Aug 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000091702 (6)**  
1. Corporation Name  
**MIKLOS CORPORATION**

Principal Place of Business <b>271 LENELL ROAD, SUITE 1 FORT MYERS BEACH FL 33931</b>	Mailing Address <b>6371 4 PRESIDENTIAL COURT FORT MYERS FL 33912</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/07/1996</b>	
21		26	<b>1505 S.E. 40th Street</b>	4. FEI Number <b>65-0707218</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	<b>Suite C</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	<b>Cape Coral FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	<b>33904</b>	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	<b>U.S.A</b>		

9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent	
81	Name <b>Robert LaRocco</b>		
82	Street Address (P.O. Box Number is Not Acceptable) <b>1505 S.E. 40th Street, Suite C</b>		
83			
84	City <b>Cape Coral</b>	85	Zip Code <b>FL 33904</b>

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 **Robert LaRocco** DATE **6-10-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PS/D</b>	1.1 TITLE	<b>Director</b>
NAME	<b>MIKLOS, ULRIKE</b>	1.2 NAME	<b>Silvana LaRocco</b>
STREET ADDRESS	<b>271 LENELL ROAD, SUITE 1</b>	1.3 STREET ADDRESS	<b>1505 S.E. 40th Street, Suite C</b>
CITY - ST - ZIP	<b>FORT MYERS BEACH FL 33931</b>	1.4 CITY - ST - ZIP	<b>Cape Coral FL 33904</b>
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 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 **E. J. P.** DATE **7-29-98** **9/11/549-9/1/98**

CR2E034 (10/97)