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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000023121 (1)

FILED May 05 1998 8:00am Secretary of State

813-397-2177

MA	NHY KAY MILI	LEH, INC.						
Principa	I Place of Busines		· · · · · · · · · · · · · · · · · · ·	Mailing Address	• • •			
	112TH STREET NO			-	-			
APT. 30		<i>i</i> nin		APT. 306	90 - 112TH STREET NORTH PT 306			
SEMINOLE FL 33772 SEMINOLE FL 33772								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
D-1	tool Disease of Disease							03/13/1997
	ipal Place of Busi	ness		2a. Mailing Address				4. FEI Number Applied For
21 Suite	, Apt. #, etc.		2	Suite, Apt. #, etc.				59 - 34 38 9 35 Not Applicable
22			2	27				5. Certificate of Status Desireo S8.75 Additional Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution XX Added to Fees
Zip						ountr	у	8. This corporation owes or has paid the current year Intangible
24	25 29 30				30			Personal Property Tax due June 30. Yes XX No
g. Name and Address of Current Registered Agent								10, Name and Address of New Registered Agent
	MILLER, MAR	Y KAY				81	Name	
8080 - 112TH STREET NORTH					!			Address (P.O. Box Number is Not Acceptable)
APT. 306								
	SEMINOLE FI	L 33772				83	1	
						84	City	FI 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 agont, or both, in the State of Florida, Such change was subjected by the corporation's board of dispeters. I become account the supplication of the purpose of the supplication of the supplica								
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 Signature, typiod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	· · · · · · · · · · · · · · · · · · ·	OFFICER	S AND DIF		13		<u>*</u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			DELETE	1.1	TITLE		Change Addition
MALLER, MARY KAY				1.2 NA				
STREET ADDRESS 8080 - 112TH STREET NORTH				T. 306			ADDRESS	· ·
CITY-ST-ZI	P SEMANO)LE FL 33772			1.4	CITY-S	ST - ZIP	
TITLE				☐ DELETE	2.1	TITLE	}	Change Addition
NAME				,	2.2	NAME	1	
STREET ADD	1				2.3	STREET	ADDRESS	
CITY-ST-ZI	Р			T ACIETE			ST-ZIP	
TITLE NAME				☐ DELETE		TITLE	l	Change Doublest
STREET ADD	nree					NAME		
							ADDRESS	
CITY-ST-ZN	<u></u>			DELETE			ST-ZIP	Change Addition
NAME				C DETERM	- 1	title Name	ļ	☐ Change ☐ Addition
STREET ADD	RESS						ADORESS	
CITY-ST-ZI	ſ					CITY-S		
TITLE				DELETE		TITLE	11-21	Change Addition
NAME						NAME		tuest withings band recently
STREET ADD	RESS				5.3	STAEET	ADDRESS	
CITY-ST-ZI	Р					CITY-S		
TITLE			- · · · · · · · · · · · · · · · · · · ·	DELETE		TITLE		Change Addition
NAME					6.21	NAME		
STREET ADD	RESS				6.3	STREET	ADORESS	
CITY-ST-Z#					6.44	CITY-S	T-ZIP	
Indic	aieo on inis annu	iai rebont or supplier	บอกเลเ สมเห	val ronori is true and s	accurate er	าศท	at mu einn	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an
Office	er or director of th	e corporation or the changed, or on an	receiver of	or trustee empowered.	to execute	this	report as r	required by Chapter 607, Florida Statutes; and that my name appears in