

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90191 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000042780

1. Corporation Name
MILLER'S DISCOUNT COMPUTERS INC.

Principal Place of Business 1329 HWY 17 N WAUCHULA FL 33873	Mailing Address 1329 HWY 17 N WAUCHULA FL 33873
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0757984	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MILLER, PAUL L 1329 HWY 17 N WAUCHULA FL 33873				10. Name and Address of New Registered Agent			
				81	Name		DANIEL W Miller
				82	Street Address (P.O. Box Number is Not Acceptable)		1329 Hwy 17 N
				83			
				84	City	Wauchula,	FL
					85	Zip Code	33873

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 *Paul L Miller* DATE _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, PAUL L	1.2 NAME	ELLA MAE Williams
STREET ADDRESS	1329 HWY 17 N	1.3 STREET ADDRESS	1329 HWY 17 N
CITY-ST-ZIP	WAUCHULA FL 33873	1.4 CITY-ST-ZIP	WAUCHULA FL 33873
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	OFFICER - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DANIEL W	2.2 NAME	DANIEL W Miller
STREET ADDRESS	2224 OLNEY RD	2.3 STREET ADDRESS	1329 HWY 17 N
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	Wauchula, FL 33873
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	OFFICER - SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BETTY	3.2 NAME	BETTY Miller
STREET ADDRESS	2224 OLNEY RD	3.3 STREET ADDRESS	1329 HWY 17 N
CITY-ST-ZIP	LAKELAND FL 33801	3.4 CITY-ST-ZIP	Wauchula FL 33873
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Ella Mae Williams* **2-5-99** (941) 767-6066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (11/98)