

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

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90005 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999 **(L)**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **97000050822** ✓

1. Corporation Name

Stephen T. Millan, P.A.

Principal Place of Business

Mailing Address

**7685 SW 104th Street
Suite 200
Miami, FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/9/97

4. FEI Number

65-0761303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Stephen T. Millan
7685 SW 104th Street
Suite 200
Miami, FL 33156**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

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 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

Stephen T. Millan

(NOTE: Registered Agent signature required when reinstating)

DATE

7/20/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Stephen T. Millan <input type="checkbox"/> DELETE
NAME	8603 S. Dixie Hwy
STREET ADDRESS	Suite 208
CITY-ST-ZIP	Miami, FL 33143 <input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	7685 SW 104th Street
1.3 STREET ADDRESS	Suite 200
1.4 CITY-ST-ZIP	Miami, FL 33156 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Stephen T. Millan

DATE

7/20/99

Daytime Phone #

CR2E034 (11/98)

p97000050822
601409-90005-32

LAW OFFICES
STEPHEN T. MILLAN, P.A.

THE OFFICES OF PINECREST
7685 SOUTHWEST 104TH STREET
SUITE 200
MIAMI, FLORIDA 33156
TELEPHONE (305) 662-2441
FAX (305) 667-1007

July 20, 1999

Division of Corporations
Annual Reports Filings.
P.O. Box 1500
Tallahassee, FL 32302-1500

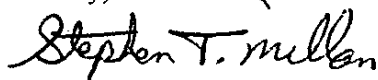
RE: Annual Report

To Whom It May Concern:

I hope this letter finds you well. In April, I mailed my Annual Report and check # 1533 for \$150.00. As of the writing of this letter, my check has not been cashed, nor is my annual report on file. I sent in the report in early April since I was in the process of changing addresses and wanted to allow your office enough time to reflect the change. I have checked with my bank and the check has not been presented for payment. At this time, I have put a stop payment on the check. I have called your office to confirm the above. Thank you for the replacement report. Enclosed please find this replacement report and another check for \$150.00.

Thank you for your time and attention in this matter.

Sincerely,


Stephen T. Millan, Esq.

STM/sm

Enclosure