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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000067028 (5) **DOCUMENT #**

MILAM ENTERPRISES INC.

Principal Place of Business

Mailing Address

6332 MCKINLEY ST HOLLYWOOD FL 33024-5933 6332 MCKINLEY ST

APPROVED 98 JUL -2 PM 3: 11 SECRETARY OF STATE FALLAHASSEE, FLORIDA



HOLLYWOOD FL 33024-5933 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1997 2. Principal Place of Business 2a. Mailing Address EEI Number Applied For 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MILAM, DAVID 6332 MCKINLEY ST 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33024-5933 83 84 City 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 rogistered 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition MILAM, DAVID NAME 1.2 NAME 500002583145---9 -07/08/98--01067--007 **B332 MCKINLEY ST** STREET ADDRESS 1.3 STREET ADORESS HOLLYWOOD FL 33024-5933 CITY-ST-ZIP 1.4 CITY - ST - ZIF <u>****150.00</u> <u>*****1518</u> TITLE DELETE Addition 2.1 Title Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-7IP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Addition 5.1 TITLE ☐ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition T∤TL€ 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.

4/27/90