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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071535

1. Corporation Name

MILLED ENTEDDDICES INC

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

05-05-1999 90042 009 ***150.00

| | STINE MILLER ENTERPRISE | S, INC. | |) | . | |
|--|---|--|--|--|------------------------------|-------------------|
| | | | | | KAN I lea n ing Parti | |
| Principal Plac | ce of Business | Mailing Address | | | | |
| 1010 NE 8AVE APT 8 1010 NE 8AVE APT 8 DELRAY BCH FL 33483-5846 DELRAY BCH FL 33483-5846 | | | | DO NOT WOLLD IN T | HIC CDACE | |
| | | | | DO NOT WRITE IN TO 3. Date Incorporated or Qualifed | HIS SPACE | |
| | | | | · · · · · · · · · · · · · · · · · · · | | |
| 2 Principal P | Place of Business | 2a, Mailing Address | | 08/18/1997 4. FEI Number | | pplied For |
| | NW 2ND STREET | 26 4161 NW 2 | NO STREET | 1 · · · | ⊢ | ot Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | NO OTCOET | | | Additional |
| 22 | , | 27 | | 5. Certifcate of Status Desired | | lequired ' |
| City & Stat | te | City & State | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 DELR | AU BEACH, TU | 28 DELRAY BE | ACH, 70 | Trust Fund Contribution_ | • - | to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | Intangible | |
| 24 33 | 445 25 | 29 33445 | 30 | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Current | t Registered Agent | | 10. Name and Address of New Register | ed Agent | |
| | | | 81 Name | | | |
| | LER, ALICIA C | | 82 Street Add | ress (P.Qr Box Number is Not Acceptable) | | |
| 1010 NE 8AVE APT 8 | | | 476 | NAW: 2ND STREET | | |
| DEL | RAY BCH FL 33483-5846 | | 83 | | | |
| | | | 84 City | | - 85 Zip | Code _ |
| | | | DEZ | RAY BEACH F | | 3445 |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statutes | s, the above-named corp | poration submits this statement for the purpose | of changing it | s registered |
| office or a | registered agent, or both, in the State o am familiar with, and accept the obligat | of Florida. Such change was aut ions of. Section 607.0505. Florid | norized by the corporation | on's board of directors. I hereby accept the ap | pointment as n | egisterea |
| | , | , | | | | l |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable. (NOTE: F | registered Agent signature require | d when reinstating) DATE | | |
| 12. | OFFICERS ANI | | 13. | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE |) D | | 1.1 TITLE | | ☐ Change | Addition |
| NAME | | الوني | | | | _ |
| | MILLER, ALICA C | * Jb, 2-1 | 1.2 NAME | | | |
| STREET ADDRESS | 1 4191 | NW OND ST | | | | |
| STREET ADDRESS CITY-ST-ZIP | | NW 2ND ST. DELRAY BC4 TL 33445 | 1.2 NAME | | | |
| | | NW OND ST | 1.2 NAME 1.3 STREET ADDRESS | | ☐ Change | ☐ Addition |
| CITY-ST-ZIP | | NW 2ND ST. DELRAY BC4 TL 33445 | 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | ☐ Change | |
| CITY-ST-ZIP TITLE | -1010 NE BAVE APT 8 -118 1 -DELRAY BCH FL 33483-5846 - | NW 2ND ST. DELRAY BC4 TL 33445 | 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | | ☐ Change | |
| CITY-ST-ZIP TITLE NAME | -1010 NE BAVE APT 8 -118 1 -DELRAY BCH FL 33483-5846 - | NW 2ND ST. DELRAY BC4 TL 33445 | 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | | ☐ Change | ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | -1010 NE BAVE APT 8 -118 1 -DELRAY BCH FL 33483-5846 - | NW 2ND ST. DELRAY BC4 TL 33445 | 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | - | ☐ Change | ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | -1010 NE BAVE APT 8 -118 1 -DELRAY BCH FL 33483-5846 - | NW 2ND ST. DELRAY B (4 FL 33445 DELETE | 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | | ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | -toto NE BAVE APT 8 -DELRAY BCH FL 33483-5846 | NW 2ND ST. DELRAY B (4 FL 33445 DELETE | 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE | | | ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | -toto NE BAVE APT 8 -DELRAY BCH FL 33483-5846 | NW 2ND ST. DELRAY B (4 9) 33445 DELETE | 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | | _ Change | ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | -toto NE BAVE APT 8 -DELRAY BCH FL 33483-5846 | NW 2ND ST. DELRAY B (4 FL 33445 DELETE | 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | | | ☐ Addition |
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| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP STREET ADDRESS CITY- ST-ZIP | -1010 NE BAVE APT 8 -DELRAY BCH FL 33483-5846 | NW 2ND ST. DELRAY B (4, 94) 3 3 4 4 5 DELETE DELETE | 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP | | ☐ Change | Addition Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME | -toto NE BAVE APT 8 -DELRAY BCH FL 33483-5846 | NW 2ND ST. DELRAY B (4, 94) 3 3 4 4 5 DELETE DELETE | 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE | | ☐ Change | Addition Addition |

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:

DE Christine Muller Al Christine Miller SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 28 99 561-499 5088

Daytime Phone

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