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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mormam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700088235 (1)

MILO & MILO ENTERPRISES, INC.

Principal Place of Business Mailing Address 406 SUNSET DRIVE 406 SUNSET DRIVE HALLANDALE FL 33009 HALLANDALE FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1997 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 APPLIED Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **BOOK, RON 406 SUNSET DRIVE** R2 Street Address (P.O. Box Number is Not Acceptable) HALLANDALE FL 33009 83 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or ponted name of registered agent and pite if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change Addition MILO. JERRY NAME **406 SUNSET DRIVE** STREET ADDRESS 1.3 STREET ADDRESS **HALLANDALE FL 33009** CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE TITLE ☐ Change Addition 2.1 THUE RHONDA, JERRY NAME 2.2 NAME **406 SUNSET DRIVE** STREET ADDRESS 2.3 STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP 2 4 CITY - \$1 - 7IP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELFTE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - \$1 - ZiP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 if 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 obtdiess.

FILED
May 28 1998 8:00am
Secretary of State

