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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000046099

STREET ADDRESS

CITY-ST-ZIP

BILL MILLER REALTY, INC.

_,,					
Principal Place	e of Business	Mailing Address	ailing Address		
4101 NORTH OCEAN BLVD.		4101 NORTH OCEAN BLVD.			
#1606 #1606					DO NOT MIDITE IN THIS SPACE
BOCA RATON F	BOCA RATON FL 33431	A RAION FL 33431		DO NOT WRITE IN THIS SPACE	
				<u></u>	3. Date Incorporated or Qualifed 05/21/1998
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-084 - 1972 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			▼ Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28		<u> </u>	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	<i>t</i>	8. This corporation owes the current year Intangible
24	25	29 3	0		Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent	}-	,	10. Name and Address of New Registered Agent
A AN 1 1775 1876 1884 11			81	Name	
	ER, WILLIAM H		82	Street Add	Iress (P.O. Box Number is Not Acceptable)
4101 NORTH OCEAN BLVD. #1606 BOCA RATON FL 33431				<u></u>	
			84	City	85 Zip Code
				,	poration submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statutes	s. 	ion's board of directors. I hereby accept the appointment as registered when reinstating) DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit
TITLE	D	☐ DELETE	1,1 TITLE		☐ Citalige ☐ Addis
NAME	MILLER, WILLIAM H		1.2 NAME		
STREET ADDRESS	4101 NORTH OCEAN BLVD.		1.3 STREE	TADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-S	ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addit
NAME			2.2 NAME		-
STREET ADDRESS			2.3 STREE	TADDRESS	
CfTY-ST-ZiP			2. 4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addit
NAME ~		or ,	3.2 NAME		
STREET ADDRESS			3.3 STREE	TADDRESS	•
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		· Change Addit
NAME			4. 2 NAME		
STREET ADDRESS	, .		4.3 STREE	T ADDRESS	
CITY-ST-ŽIP			4.4 CITY-5	ST-ZIP	
TITLE			5.1 ₹ITLE		☐ Change ☐ Addi
NAME			5.2 NAME		
STREET ADDRESS	•		5.3 STREE	TADDRESS	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	
TITLE	-	☐ DELETE	6.1 TITLE		☐ Change ☐ Addit
NAME I			6.2 NAME	1	

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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90002 025 ***158.75