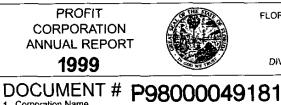
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90228 014 ***150.00

MILLER I	REALTY & INVESTMENTS	INC.				
Principal Place	e of Business	Mailing Address				f : Satt 1901 10 10101 : Britt Beitt anter anter after aren and : trans torac see i gan
	33 GALT OCEAN DRIVE 3433 GALT OCEAN DRIVE LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308					DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						06/02/1998
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21 26						65-0878343 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State						6. Election Campaign Financing S5.00 May Be
23	•	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible
24	25	<u> </u>	30			Personal Property Tax. ☐ Yes 💆 No
· - !	9. Name and Address of Curr					10. Name and Address of New Registered Agent
				81	Name	
	rk, thomas m) east commercial blvd.			82	Street Ac	Address (P.O. Box Number is Not Acceptable)
	E 820			83		
FORT LAUDERDALE FL 33307			ł			
				84	City	FL 85 Zip Code
office or r	egistered agent, or both, in the Stal m familiar with, and accept the oblig Signature, typed or printed name of registered a	te of Florida. Such change was augations of, Section 607.0505, Flori	ida Statu	by ites.	tne corpora	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	٠		1.1 TIT	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, DON P			12 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			1.4 C/I		r-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TIT	LE		
NAME			2.2 NA			
STREET ADDRESS			2.3 ST	REET	ADDRESS	
CITY-ST-ZIP			2.4 CI		T- ZIP	☐ Change ☐ Addition
ŢITLE		☐ DELETE	3.1 TH			
NAME			3.2 NA			•
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CI		T-ZIP	☐ Change ☐ Additio
TITLE		□ OEEE1E	4.1 TIT			J. Manager
NAME			4.2 N		ADDRESS	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CI		1-214	☐ Change ☐ Additio
TITLE			5.1 TITLE 5.2 NAME			
NAME					ADDRESS	
STREET ADDRESS			5.4 CT			
CITY-ST-ZIP		☐ DELETE	6.1 TIT			☐ Change ☐ Additio
TITLE			6.2 NA		j	· -
NAME					ADDRESS	·
STREET ADDRESS	İ			TV CT		

14. I hereby certify that the information supplied with this filing does not qualify for the exciption 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 reger lifect 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 Chaffer 697, 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.

DON P MILLER DIRECTOR SIGNATURE: _

CR2E034 (11/98)