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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000049200

1. Corporation Name
MILLER INVESTMENTS & PROPERTY MANAGEMENT, INC.

Principal Place of Business 318 SHADOW BAY BOULEVARD N LONGWOOD FL 32779 Mailing Address

318 SHADOW BAY BOULEVARD N LONGWOOD FL 32779 FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90025 033 ***158.75



DO NOT WRITE IN THIS SPACE

				06/01/1998	·
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3523979	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		J. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25		30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	94 11	10./Name and Address of New Registered	Agent
() SIMO	SER, THOMAS A JR.		81 Name	Marrille	,
	SHADOW BAY BOULEVARD N		82 Street Add	ress (P.O. Box, Number is Not Acceptable)	/ ^
	GWOOD FL 32779		1318	Shadow Buy 101	Valv
EUNGWUUD FL 32//9					
			84 City 10 a	2 \20d F	85 Zip Code
_				gwdog if FL	- 3211
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. I hereby accept the appointment as registered					
agent. I am familiar) with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Alma Mil			<u>46817</u>	
— OIGHATIONE	Signature, typed or printed name of registered agent a		Registered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	D	☐ DELETE	1.1 TITLE		☐ Criange ☐ Addition
NAME	MILLER, LYNDA		1.2 NAME		
STREET ADDRESS	318 SHADOW BAY BOULEVARD	N	13 STREET ADDRESS		Ì
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		_
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		{
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C/TY-ST-Z/P		
	- 416 . Ab a 4 b a information or continued with	this filing does not qualify for	the exemption stated in !	Section 119 07(3)(i) Florida Statutes, I further ce	rtify that the information

4. 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 informatio 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 2

) 1999 Daytime

Daytime Phone #

CR2E034 (11/98)

= 729