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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S15635

MILLER FLORIDA REALTY, INC.

WILLEN PLONIDA NEALTT, INC

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90043 022 ***150.00



			_				AND REPORT OF THE PROPERTY OF	
Principal Plac	ce of Business	Mailing Address				A IMMITMENT THE STANKE MASTIN BATTON OF	IIIC ASALT BIOTI AIAIT ATI	131 O1011 O1013 1001
5900 SW 73RD ST. 5900 SW 73RD ST. SUITE 303 SUITE 303						•		
MIAMI FL 33143 MIAMI FL 33143						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		 -
1	•					11/27/1990		
2. Principal F	Place of Business	2a. Mailing Address			_	4. FEI Number		Applied For
21		26				65-0232100	. [-[1	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	-			5. Certificate of Status Desired	\$8.75	Additional
22	·	27				5. Certifcate of Status Desired	Fee	Required
City & Star	te	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23		28	·			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current	• _=	_
24	25		30			Personal Property Tax.	Yes	□No
-	9. Name and Address of Current			81 Nai		10. Name and Address of New Regi	stered Agent	
LAN I	LER, B. E.	į		81 Nai	ne		•	
	0 SW 73RD STREET			82 Stre	et Addre	ss (P.O. Box Number is Not Acceptable))	
	TE 303	i e		83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	1 (V) 8(V+) ((8))
MIAI	MI FL 33143					1. 11 10 10 10 10 10 10 10 10 10 10 10 10	明計"凱蘭網	1991年
		•		84 City	, –		FI 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statute	e the al	nove-nam	ed cornor	ration submits this statement for the purp		ts registered
office or r	registered agent, or both, in the State of	of Florida. Such change was au	uthorized	by the co	orporation	's board of directors. I hereby accept the	e appointment as	registered
s agent. i a	im familiar with, and accept the obligat	tions of, Section 607.0505, Flor	nda Stati	ites.		and the second s		
	,					·		′
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered	Agent signat	ure required y	when reinstating)	DATE	· ·
SIGNATURE	Signature, typed or printed name of registered agent		Registered	Agent signat	v beniupen eru	when reinstating) •		TORS IN 12
					ure required v	ADDITIONS/CHANGES TO OFFICE		
12.	OFFICERS ANI	D DIRECTORS	13.	LE	ure required v		RS AND DIRECT	
12.	OFFICERS AND DP MILLER, B. E.	D DIRECTORS	. 13. 1.1 Π1 1.2 Ν	LE		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP MILLER, B. E. 5900 SW 73RD ST. MIAMI FL	D DIRECTORS	1.1 TII 1.2 NA 1.3 ST 1.4 CF	LE ME REET ADDRE Y-ST-ZIP LE		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DP MILLER, B. E. 5900 SW 73RD ST. MIAMI FL DVT	D DIRECTORS	1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA	LE ME REET ADDRE Y-ST-ZIP LE	ESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	e Addition
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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.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

UBZERMILIET REGSIDENT

DELETE

1/13/99

(305) 665-1146

Daytime Phone

. Change

Addition

CR2E034:(11/98)