SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sangra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # S27	7917 (1)	
MILJUS ENTERPRISE COM	PANY, INCORPORATED	
Principal Place of Business	Ma ling Address	***************************************
3629 W CYPRESS ST TAMPA FL 33607	3629 W CYPRESS ST TAMPA FL 33607	

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								3. Date Incorporated or Qualific 01/28/1991		ite of Las 12/199	st Report <b>15</b>
2. Principal P	lace of Business		2a.	Mailing Address	 S			4. FEI Number		16,165	Applied For
21			26					59-3056631			Not Applicati
Suite, Apt.	#, etc		27	Suite, Apt. #, etc	c.			5. Certificate of Status Desired			5 Additional Required
City & State	€		21	City & State				6. Election Campaign Financing	··· · · · · · · · · · · · · · · · · ·		<u>`</u>
23			28	,				Trust Fund Contribution	' 🗆		<b>00</b> May Be led to Fees
Ζιρ	Cou	Citry		Zip	Cc	untry		8. This corporation has liability t	or intangible	~~~~~~	
24	25		29		30			Florida Statutes	Yes [	No	
	9. Name and Add	dress of Curr	ent Regist	ered Agent		Į.,		10. Name and Address of New	Registered /	\gent	
LAU .	JUS, ROBBEN C.					81	Name				
362	9 W CYPRESS ST					82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
TAX	MPA FL 33607					83	· · · · · · · · · · · · · · · · · · ·		<del></del>		
						84	City	<del></del>	<b>E</b> 1	85 2	Zip Code
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office or r agent 1 a	registered agent, or b im famil:ar with, and a	oth, in the Stal locept the obli	te of florid gations of,	a Such change of Section 607.050	was authorize 05, Florida Sta	d by t tutes	the corporation	oration submits this statement for the on's board of directors. I hereby acc	ept the appoi	ntment a	) its registered is registered
SIGNATURE	Signature typest or printed in	,									
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made under oath, that I am an office for dividor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if planned or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROSS MILSUS

7-10 86 8138785822.