

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V10596 (7)**

1. Corporation Name
WILLIAM A. MILLER, JR., & ASSOCIATES, INC.



Principal Place of Business
**319 CLEMATIS STREET
SUITE 515
W. PALM BEACH FL 33401
US**

Mailing Address
**P.O. BOX 17441
W. PALM BEACH FL 33416-7441
US**

3. Date Incorporated or Qualified **01/29/1992** 3a. Date of Last Report **03/10/1995**

| | | | | | | | | |
|----|--|----|--|----|---|--------------------------|--------------------------|--|
| 21 | 2. Principal Place of Business 319 Clematis St. Suite, Apt. #, etc. | 26 | 2a. Mailing Address Suite, Apt. #, etc. | 4. | FEI Number 65-0313043 | Applied For | <input type="checkbox"/> | Not Applicable |
| 22 | Suite 119 City & State | 27 | City & State | 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 | Additional Fee Required |
| 23 | W. Palm Beach, FL Zip | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 | May Be Added to Fees |
| 24 | 33401 | 25 | U.S. | 29 | Zip | 30 | Country | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | |
|---|--|--|--|--|--|----------------------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MILLER, WILLIAM A., JR. 319 CLEMATIS STREET SUITE 515 WEST PALM BEACH FL 33401 | | | | 81 | Name Miller, William A., Jr. | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) 319 Clematis Street | | |
| | | | | 83 | Suite Suite 119 | | |
| | | | | 84 | City | W. Palm Beach | 85 |

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: *William A. Miller, Jr.* **William A. Miller, Jr., President** **January 22, 1996**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, WILLIAM A., JR. | 1.2 NAME | Miller, William A., Jr. |
| STREET ADDRESS | 319 CLEMATIS STREET, SUITE 515 | 1.3 STREET ADDRESS | 319 Clematis Street, Suite 119 |
| CITY-ST-ZIP | WEST PALM BEACH FL | 1.4 CITY-ST-ZIP | West Palm Beach, FL 33401 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *William A. Miller, Jr.* **William A. Miller, Jr., President** **January 22, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)