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PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

39.53



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1/10506

 Corporation 	A. MILLER, JR., & ASSOCI	ATES, INC.			
Principal Place	of Business	Mailing Address		((BBI) BII(B) FIGUR (BII) BII(B (BII) BIII	Alait 2:0:1 Alait Alait alait alait isat
5154 OKEECHOBEE BLVD #111 W. PALM BEACH FL 33417 US		P.O. BOX 17441 W. PALM BEACH FL 33416-7441 US		DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE
	<u> </u>			01/29/1992	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0313043	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22	r, 6to.	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	Country	28	Country	Trust Fund Contribution 8. This corporation owes the current ye	
Zip 24	25	29 30		Personal Property Tax.	Yes No
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Regis	tered Agent
MILLER, WILLIAM A., JR. 319 CLEMATIS STREET SUITE 119 WEST PALM BEAGH Ft. 33401 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized.			83 St. S.4 City WES.	dress (P.O. Box Number is Not Acceptable) OKEECHOBEE BLYD T PALM BEACH proporation submits this statement for the purp	FL 85 Zip Code 33417
agent. I a	m familiar with, and accord the obligations of the obligation of t	ion of, Section 607.0505, Florida	a Statutes.	er, Ir. 11	1,8/99
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	MILLER, WILLIAM A., JR. 5754-OKEECHOBEE BLVD #14 WEST PALM BEACH FL 33417	4	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	5154 OKEE CHOBEE BL	.VA , SU ITE 111
CITY-ST-ZIP TITLE	TEOT THEM BETTOTTE BOTT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		***
⊶πLE -		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	•		3.3 STREET ADDRESS	•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE			5.1 TITLE: 5.2 NAME		El ouolido El vidoron
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP	*	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 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.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

6.4 CITY-ST-ZIP