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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # V32731

(4)

MIL-MAN, INC.

Principal Place of Business

Mailing Address



13 NORTH WOODS LANE BOYNTON BCH. FL 33436			13 NORTH WOODS LANE BOYNTON BCH. FL 33436									
							3.	Date Incorporated or Qualified 04/30/1992		e of Last 2/08/19	,	
21	al Place of Busine	\$\$ 	26				4.	4. FEI Number 65-0333817			Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, €				5.	5. Certificate of Status Desired \$8.75 Additi				
City & 5	State	· · · · · · · · · · · · · · · · · · ·	City & State					Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip Country 24 25 9. Name and Address of Current I			29			1	 This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No 					
	9, Name	and Address of Cur	rent Registered Agent		-		10.	Name and Address of New	Registered	Agent		
701	4011 4444EDE	_			81	Name						
TOMACH, MANFRED 13 NORTH WOODS LANE BOYNTON BCH. FL 33436						Street /	Address (P.C	ddress (P.O. Box Number is Not Acceptable)				
ווטם	NION BOH. FL	33436			83							
		TEACH. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10				City			FL		ip Code	
11. Pursu or reg familia	ant to the provisio istered agent, or t r with, and accep	ns of Sections 607.05 oth, in the State of Fi t the obligations of, Si	502 and 607.1508, Florida (Iorida, Such change was au ection 607.0505, Florida St.	Statutes, the ab ithorized by the alutes.	corpo	amed co oration's	prporation suboard of dire	bmits this statement for the po actors. I hereby accept the ap	urpose of ch pointment as	anging its registere	registered office d agent. I am	
SIGNATUR												
	Signature, typical o	printed name of registered ac	gont and title if applicable	(NOTE: Registere	o Agent	t Sionature re	equired when rein	station'				
12.			gent and title if applicable AND DIRECTORS	(NOTE: Registere		t signature re	equired when rein		DATE FIGERS AND) DIRECTO	ORS IN 12	
	PT	OFFICERS /		13.		t signature re		stating) DDITIONS/CHANGES TO OF	FICERS AND			
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certify that the information indicated on this annual report is 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 area himsent with an address.

SIGNATURE

Maybed Jan MAN Pred LONALL SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/86

401 738 166

Daytinic Phone #

JRZE034 (12/95)