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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V38773

14. I do hereby certify that the information supplied with this filling

I am an officer or director of

appears in Block 12

SIGNATURE:

information indicated on this annual report or supplemental an

the corresponding

(0)

MILLER AND RAND, P.A.

Principal Place of Business Mailing Address 407 WEKIVA ROAD 407 WEKIYA ROAD WEKIVA OAK CENTER, SUITE 119 WEKIVA OAK CENTER, SUITE 119 LONGWOOD FL 32779 LONGWOOD FL 32779-5635 3. Date Incorporated or Qualified 3a. Date of Last Report 05/27/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3126105 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLER, BRENT C. 407 WEKIVA SPRINGS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 119** 83 LONGWOOD FL 32779 RA City 85 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)DELETE THE 1.1 TITLE Change Addition NAME MILLER, BRENT C. 1.2 NAME CR2E034 407 WEKIVA SPRINGS RD STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE ☐ Change Addition RAND, CHARLES M. 2.2 NAME **407 WEKIVA SPRINGS RD** STREET ADDRESS 2.3 STREET ADDRESS **LONGWOOD FL** CITY-ST-ZIP 2. 4 C(TY-ST-Z)P DELETE TOTLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIE 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 2IP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** DITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-74P 6.4 CITY-ST-ZIP

with an address

thes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the hual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

C. Miller 1-23-97 (401)774-1400