

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 22 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V40731** (4)

1. Corporation Name
MIAM, INC.

Principal Place of Business
**425 38TH SQUARE, S.W.
VERO BEACH FL 32963**

Mailing Address
**425 38TH SQUARE, S.W.
VERO BEACH FL 32963**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/03/1992

3a. Date of Last Report
08/23/1994

4. FEI Number
59-3129181

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**HENDERSON, STEVEN L.
817 BEACHLAND
VERO BEACH FL 32963**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MADGLIN, JAMES D.	1.2 NAME	MODGLIN, JAMES D.
STREET ADDRESS	4141 OCEAN DR., #303	1.3 STREET ADDRESS	4141 OCEAN DRIVE, #303
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D	2.1 TITLE	
NAME	MUNTER, R. DUANE	2.2 NAME	REMOVE FROM REPORT
STREET ADDRESS	730 CAMBRIDGE PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SYCAMORE IL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	ST
NAME	ARTHUR, CAROL A.	3.2 NAME	ARTHUR-IRBY, CAROL A.
STREET ADDRESS	425 38TH SQ., S.W.	3.3 STREET ADDRESS	425 38TH SQUARE, S.W.
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Carol A. (Arthur) Irby (Carol A. (Arthur) Irby 3-16-95 407-569-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CHRYSTAL (FORM 6)