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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # V52366 (4) 1. Corporation Name NUMIL, INC., A FLORIDA CORPORATION

Principal Place of Business 21228 ESCONDIDO WAY BOCA RATON FL 33433 Mailing Address 21228 ESCONDIDO WAY BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/20/1992 3a. Date of Last Report 03/28/1994 4. FEI Number 65-0348013 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. 118.032, Florida Statutes Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 25 26. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 30

9. Name and Address of Current Registered Agent SIMON, ERIC A. 1500 N.W. 49TH STREET FT. LAUDERDALE FL 33309 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include Miller, Robert and Stolzenfeld, Barry A.

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated in 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 of this filing, or on an attachment with an address.

SIGNATURE: [Signature] 4-23-95 1107-479-4121 Date (Typed Name)