

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000099294 (5)**  
 1. Corporation Name  
**MILLENIUM WORLDWIDE CONSTRUCTION SERVICES, INC.**



Principal Place of Business <b>3920 RIVERLAND ROAD FT LAUDERDALE FL 33312</b>	Mailing Address <b>3920 RIVERLAND ROAD FT LAUDERDALE FL 33312</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3920 Riverland Rd.</b>		2a. Mailing Address <b>26 3920 Riverland Rd.</b>		4. FEI Number <b>650796055</b>		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State <b>Ft. Lauderdale, Fl.</b>		28. City & State <b>Ft. Lauderdale, Fl.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>33312</b>		26. Country <b>U.S.A.</b>		29. Zip <b>33312</b>		30. Country <b>U.S.A.</b>	
9. Name and Address of Current Registered Agent <b>SCHNITZER, GERALD S 3920 RIVERLAND ROAD FT LAUDERDALE FL 33312</b>				10. Name and Address of New Registered Agent			

81 Name <b>John Gandia</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3920 Riverland Rd.</b>
83
84 City <b>Ft. Lauderdale, Fl. FL</b>
85 Zip Code <b>33312</b>

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: *John Gandia* DATE: **4/27/98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHNITZER, GERALD D</b>		1.2 NAME <b>John Gandia</b>	
STREET ADDRESS <b>3920 RIVERLAND ROAD</b>		1.3 STREET ADDRESS <b>3920 Riverland Rd.</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33312</b>		1.4 CITY-ST-ZIP <b>Ft. Lauderdale, Fl.</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>George W. Pearson</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>2121 S.W. 52nd Ave.</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Plantation, F.</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>Anne M. Berube</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>3920 Riverland Rd.</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Ft. Lauderdale, F.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *John Gandia* DATE: **4/27/98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0282548

CR2E034 (10/97)