

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE ★
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT 26 PM 6:17

DOCUMENT # P98000088410
 1. Corporation Name
 MILLENIUM TELECOM, INC.

Principal Place of Business Mailing Address
 64B S.E. 5TH AVENUE 64B S.E. 5TH AVENUE
 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08/26/99 90001018 \$550.00
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
 21 88 NE 5TH AVE 26 88 NE 5TH AVE 65-0968678 Not Applied
 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
 22 27
 City & State City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 23 DELRAY BEACH, FL 28 DELRAY BEACH, FL
 Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property. Yes No
 24 33483 25 29 33483 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

SCHONE, LARRY T
 50 S.E. FOURTH AVENUE
 DELRAY BEACH FL 33483

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 _____ DATE _____
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 1	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MULLER, KEVIN	1.2 NAME	
STREET ADDRESS	64B S.E. 5TH AVENUE	1.3 STREET ADDRESS	88 NE 5TH AVE
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CANNON, JOSEPH J	2.2 NAME	
STREET ADDRESS	64B S.E. 5TH AVENUE	2.3 STREET ADDRESS	88 NE 5TH AVE
CITY-ST-ZIP	DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SCHMIDT, WILLIAM C	3.2 NAME	
STREET ADDRESS	64B S.E. 5TH AVENUE	3.3 STREET ADDRESS	88 NE 5TH AVE
CITY-ST-ZIP	DELRAY BEACH FL 33483	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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"/> Add
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: WILLIAM C. SCHMIDT 8/28/99 (561) 270-2294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #