

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90204 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000095521
 1. Corporation Name
MILLENNIUM ENTERPRISES UNLIMITED, INC.



Principal Place of Business 1202 W. CENTRAL BLVD. STE. G ORLANDO FL 32805	Mailing Address 1202 W. CENTRAL BLVD. STE. G ORLANDO FL 32805
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NOTE: ADDRESS CHANGE BELOW

2. Principal Place of Business 21 2699 FORSYTH RD Suite, Apt. #, etc. 22 SUITE 114 City & State 23 ORLANDO, FL Zip Country 24 32807 25 ORANGE	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 FLORIDA Zip Country 29 30
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/12/1998	3545937
4. FEI Number 59-364937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional-Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Name and Address of Current Registered Agent

DVORES, HARRIS N
 200 E. ROBINSON ST. STE. 1250
 ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	TROTTER, GARY	
STREET ADDRESS	10771 STAINWOOD CR.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILLERMAN, EARL	
STREET ADDRESS	995 SHAFFER TR.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIXON, ACEY	
STREET ADDRESS	500 NICOLE BLVD.	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILLERMAN, ERIC	
STREET ADDRESS	9991 TRIPLE CROWN CR.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* 4-13-99 407 425 2655
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)