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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700008151

1. Corporation Name

FOURTH MILLENNIUM ENTERPRISES INC

	I MULLIMONI ENTERFINAL	.0 110		I I sanga n isa kakin 18ak Banin Banin Banin Banin I	
'	e of Business	Mailing Address			
2959 SW CORI Palm City fl		2959 SW CORNELL AVE			
US PALM CITY FL 34990			DO NOT WRITE IN T	HIS SPACE	
US			3. Date incorporated or Qualifed		
				01/21/1997	
├ ─ ':	flace of Business	· 2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0722765	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & Stat	le	City & State	·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	. 25		30	Personal Property Tax.	Yes No
	9. Name and Address of Current			10. Name and Address of New Register	red Agent
R₽∩	IOKES, DAVID A		81 Name		
7 2950	SW CORNELL AVE	TO NO.	82 Street A	ddress (P.O. Box Number is Not Acceptable)	
PALI	M CITY FL 34990		83	14.	11 S 1 S 2 S 2 S 3 S 3 S 3 S 3 S 3 S 3 S 3 S 3
)					
			84 City		85 Zip Code
.11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute	es, the above-named o	orporation submits this statement for the purpose	e of changing its registered
. Onice of t	registered agent, or both, in the State of the familiar with, and accept the obligation	Ji Fiorida. Such change was at	utionzed by the corpor	ration's board of directors. I hereby accept the ap	ppointment as registered
- ogotit. i u	an tarrinar war, and accept the congar	10110 01, 00001011 001 10000, 1 101			
SIGNATURE	amain.	Name Date of	00	7.E	912 GP
SIGNATURE	Signature, typed of printed name of registered agent		Registered Agent signature red	quired when reinstating) ', ' DATE	·
12.	, OFFICERS AND	and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature red 13.	puired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	D OFFICERS AND	and title if applicable. (NOTE:	13.		·
12. TITLE	OFFICERS AND BROOKES, DAVID A	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	D BROOKES, DAVID A 2959 SW CORNELL AVE	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND BROOKES, DAVID A	and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BROOKES, DAVID A 2959 SW CORNELL AVE	and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BROOKES, DAVID A 2959 SW CORNELL AVE	and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BROOKES, DAVID A 2959 SW CORNELL AVE	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BROOKES, DAVID A 2959 SW CORNELL AVE	and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKES, DAVID A 2959 SW CORNELL AVE	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BROOKES, DAVID A 2959 SW CORNELL AVE PALM CITY FL 34990	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BROOKES, DAVID A 2959 SW CORNELL AVE	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE	Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	D BROOKES, DAVID A 2959 SW CORNELL AVE PALM CITY FL 34990	and title if applicable. (NOTE: D DIRECTORS DELETE	Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D BROOKES, DAVID A 2959 SW CORNELL AVE PALM CITY FL 34990 ORGS, GAME GW GURNER A CRIV FL, 19860	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE	Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND D BROOKES, DAVID A 2959 SW CORNELL AVE PALM CITY FL 34990 ORGS, GAME GW GURNER A CRIV FL, 19860	D DIRECTORS DELETE DELETE DELETE	Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D BROOKES, DAVID A 2959 SW CORNELL AVE PALM CITY FL 34990 ORGS, AAAA GW OLGEGA A CITY FL, 19980	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D BROOKES, DAVID A 2959 SW CORNELL AVE PALM CITY FL 34990 ORGS, GAME GW GURNER A CRIV FL, 19860	D DELETE DELETE DELETE DELETE	Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	OFFICERS AND D BROOKES, DAVID A 2959 SW CORNELL AVE PALM CITY FL 34990 ORGS, AAAA GW OLGEGA A CITY FL, 19980	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D BROOKES, DAVID A 2959 SW CORNELL AVE PALM CITY FL 34990 ORGS, AAAA GW OLGEGA A CITY FL, 19980	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	OFFICERS AND D BROOKES, DAVID A 2959 SW CORNELL AVE PALM CITY FL 34990 OFFICERS AND CITY FL 34990	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D BROOKES, DAVID A 2959 SW CORNELL AVE PALM CITY FL 34990 OFFICERS AND COTY FL, 19950	D DELETE DELETE DELETE DELETE DELETE	Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CR2E034 (11/98)

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90036 014 ***150.00