

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:5

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **724952** (7)
1. Corporation Name
MILLICENT CONDOMINIUM INC

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/07/1972	3a. Date of Last Report 06/07/1994
4. FEI Number 59-1450756	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
205 NE 3RD STREET BOYNTON BEACH FL 33435		205 NE 3RD STREET BOYNTON BEACH FL 33435	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MANIDAS, WILLIAM 639 E OCEAN AVE, STE 307 BOYNTON BEACH FL 33435		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 agent 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, typed or printed name of registered agent, and the 2 applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	TPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, ROBERT	12 NAME	ROBERT KANE
STREET ADDRESS	639 OCEAN INLET DR.	13 STREET ADDRESS	639 OCEAN INLET DR.
CITY - ST - ZIP	BOYNTON BEACH, FL 00000	14 CITY - ST - ZIP	BOYNTON BEACH, FL 33435
TITLE	PD	21 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLOMO, DANIEL	22 NAME	GERALD LEVESQUE
STREET ADDRESS	205 NE 3RD T., #208	23 STREET ADDRESS	205 NE 3RD ST., #210
CITY - ST - ZIP	BOYNTON BEACH, FL 00000	24 CITY - ST - ZIP	BOYNTON BEACH, FL 33435
TITLE	STD	31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCZKOW, LOTTIE	32 NAME	CHARLES R. SMITH
STREET ADDRESS	100 BAY VIEW AVE	33 STREET ADDRESS	4539 PALM VISTA DR
CITY - ST - ZIP	BOYNTON BEACH FL	34 CITY - ST - ZIP	BOYNTON BEACH, FL 33436
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Gerald Levesque APRIL 29, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE