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 # F9800005403

MILLENNIUM CONSULTANTS, INC.

Principal Place of Business	Mai
1301 CONNECTICUT AVE NW. 6TH FLOOR	1301
WASHINGTON DC 20036	WAS

Mailing Address

1301 CONNECTICUT AVE NW. 6TH FLOOR WASHINGTON DC 20036

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90193 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					09/28/1998				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
4	26				52-2107409		Not Applicable		
Suite, Apt.							\$8.75	Additional	
.al	.,,	27			5. Certifcate of Status Desired		Fee Re	equired	
City & State			6. Election Campaign Financing		\$5.00	May Re			
¬ '	28			Trust Fund Contribution		Added			
Zip	Country	Zip Country			8. This corporation owes the current	nt vear Inta	naible		
4	25	29 30			Personal Property Tax.	•	☐Yes	No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered A	gent		
3. Name and Address of Current Registered Agent				Name					
KIMPTON, WILLIAM J									
KIMPTON, BURKE, WHITE & HEIDEN, P.A.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
			83	-					
	· · · · · · · · · · · · · · · · · · ·		63						
CLEA	CLEARWATER FL 33761		84	City			85 Zip	Code	
				Ţ		<u> </u>			
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									
0.0	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re		nt signature <i>f</i>	required when reinstating)	DATE	- BIDEOTO	DO (1) 40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS ANI			
TITLE	CP	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME 1	MCMANUS, JOSEPH A JR		1.2 NAME		•			ſ	
STREET ADDRESS	1301 CONNECTICUT AVE NW. 6	V. 6TH FLOOR 1.3 ST		T ADDRESS					
CITY-ST-ZIP	WASHINGTON DC 20036		1.4 CITY-\$	T-ZIP					
TITLE	VCV	DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME		<i>,</i>	2.2 NAME						
	SCHOR, CACHEROL			T ADDRESS					
STREET ADDRESS	1301 COMMEDICAL AVE MAY, BITT LEGAL								
CITY-ST-ZIP	WASHINGTON DC 20036	☐ DELETE	2.4 CITY-S 3.1 TITLE	51-ZIP			Change	Addition	
TITUE	SD	□ becere							
NAME	DANDEN, CRIC J		3.2 NAME		İ			l	
STREET ADDRESS	1301 CONNECTICUT AVE NW, 6TH FLOOR		3.3 STREET	TADORESS				· ·	
CITY-ST-ZIP	WASHINGTON DC 20036		3.4. CITY-5	ST-ZIP			<u> </u>		
TITLE '	TD	☐ DELETE	4.1 TITLE				Change	Addition	
NAME	ASMAR, CHARLES M		4. 2 NAME						
STREET ADDRESS	1301 CONNECTICUT AVE NW, 6	TH FLOOR	4.3 STREE	T ADDRESS					
CITY-ST-ZIP	WASHINGTON DC 20036		4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition }	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS				ļ	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME				•	İ	
			6.3 STREE	T ADDRESS				ļ	
STREET ADDRESS	•		6.4 CITY-S					İ	
CiTY-ST-ZIP	and the the information cumplied with	this filing does not qualify for th			d in Section 119.07(3)(i), Florida Statutes. I	further cert	ify that the	information	

4. 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 informatio 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 composition 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 charges on an attachment with an address, with all other like empowered.

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

202-296-9260

Daytime Phone #