

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 # J92566

1. Corporation Name

THE NEW MILLENNIUM CORPORATION

Principal Place of Business

4114 HERSCHAL ST
SUITE 119
JACKSONVILLE FL 32210
US

Mailing Address

% CHARLES W. SKINNER
P.O. BOX 551112
JACKSONVILLE FL 32255-1112
US

2. Principal Place of Business

21 2970 Hartley Road

Suite, Apt. #, etc.

22 Suite 302-A

City & State

23 Jacksonville, FL

Zip Country

24 32257 25 US

2a. Mailing Address

c/o Charles W. Skinner

26 2970 Hartley Road

Suite, Apt. #, etc.

27 Suite 302-A

City & State

28 Jacksonville, FL

Zip Country

29 32257 30 US

9. Name and Address of Current Registered Agent

SKINNER, CHARLES W.
4114 HERSCHAL ST
SUITE 119
JACKSONVILLE FL 32210

Address
change
only

3. Date Incorporated or Qualified

09/16/1987

4. FEI Number

59-2850711

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes

No

10. Name and Address of New Registered Agent

81 Name

Skinner, Charles W.

82 Street Address (P.O. Box Number is Not Acceptable)

2970 Hartley Road

83 Suite 302-A

84 City

Jacksonville

FL

85 Zip Code

32257

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS
NAME SKINNER, CHARLES W.
STREET ADDRESS 4114 HERSCHAL STREET, STE. 119
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles W. Skinner 4/1/99 904-886-7364

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90013 065 *****8.75

04-25-1999 90013 066 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)