FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000033455 (5)

1. Corporation Name
MILLENNIUM SYSTEMS PRODUCTS, INC.

Principal Place of Business	Mailing Address
750 11TH STREET SOUTH NAPLES FL 33940	750 11TH STREET SOUTH NAPLES FL 33940

3. Date Incorporated or Qualified: 05/06/1993
3a. Date of Last Report: 05/09/1994
4. FEI Number: 65-0408955 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 869 97TH AVE NORTH	26 869-A4 97TH AVE N
Suite, Apt. #, etc. 22 A4	Suite, Apt. #, etc. 27
City & State 23 NAPLES FL	City & State 28 NAPLES FL
Zip 24 33963 — Country 25 USA	Zip 29 33963 — Country 30 USA

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 has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVID, IRA W 750 11TH STREET SOUTH NAPLES FL 33940	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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPTD	11 TITLE	☐ Change ☐ Addition
NAME	DAVID, IRA W.	12 NAME	
STREET ADDRESS	2053 MISSION DR.	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	DAVID, DENA S	22 NAME	
STREET ADDRESS	2053 MISSION DR.	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DAVID, LEO	32 NAME	
STREET ADDRESS	161-12 JEWEL AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	FLUSHING NY 11365	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 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.

SIGNATURE: [signature] IRA W DAVID — 4-27-95 (813) 566-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320248 CP