

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000058271 (6)

1. Corporation Name

MILLENNIUM DESIGN, INC.

Principal Place of Business

**200 EAST ROBINSON STREET
SUITE 250
ORLANDO FL 32801**

Mailing Address

**200 EAST ROBINSON STREET
SUITE 250
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1993

3a. Date of Last Report

04/20/1994

4. FEI Number

59-3101581

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MARTIN, BARBARA J
200 EAST ROBINSON STREET
SUITE 250
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD**
NAME **MARTIN, STEVEN J**
STREET ADDRESS **200 E. ROBINSON STREET, SUITE 250**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD**
NAME **MARTIN, BARBARA J**
STREET ADDRESS **200 E. ROBINSON STREET, SUITE 250**
CITY-ST-ZIP **ORLANDO FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/T/D** ☒ Change ☐ Addition
1.2 NAME **MARTIN, BARBARA J**
1.3 STREET ADDRESS **200 E. ROBINSON STREET, SUITE 250**
1.4 CITY-ST-ZIP **ORLANDO FL 32801**

2.1 TITLE **S/D** ☐ Change ☒ Addition
2.2 NAME **SANDRA J. LEVY**
2.3 STREET ADDRESS **200 E. ROBINSON STREET, SUITE 250**
2.4 CITY-ST-ZIP **ORLANDO FL 32801**

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **J. BYRON NIXON**
3.3 STREET ADDRESS **200 E. ROBINSON STREET, SUITE 250**
3.4 CITY-ST-ZIP **ORLANDO FL 32801**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of name or office is being made.

SIGNATURE:

BARBARA J. MARTIN, PD

1/8/95

407.425.9600

Signature and typed or printed name of signing officer on director

Date

Daytime Phone #