

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
08/12/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 709 N. MAGNOLIA AVE

26 709 N. MAGNOLIA AVE

4. FEI Number  
59-3207593

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

23 ORLANDO, FL

28 ORLANDO, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip  
32801

25 Country  
USA

29 Zip  
32801

30 Country  
USA

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

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

81 Name

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

709 N. MAGNOLIA AVE

83

84 City

ORLANDO

85 State

Zip Code

32801

11. Pursuant to the provisions of Sections 607.01(5) 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 this State. I, the undersigned, authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and agree to, the provisions of Sections 607.01(5) and 607.1508, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent)

(NOTE: Registered Agent signature required when reappointing)

DATE

4-25-96

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME MARTIN, BARBARA J  
STREET ADDRESS 200 E. ROBINSON STREET, STE. 250  
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ DELETE

NAME LEVY, J. S  
STREET ADDRESS 200 E. ROBINSON ST., STE. 250  
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE

NAME NIXON, J. B  
STREET ADDRESS 200 E. ROBINSON ST., STE. 250  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

709 N MAGNOLIA AVE  
ORLANDO, FL 32801

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

709 N. MAGNOLIA AVE  
ORLANDO, FL 32801

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

709 N MAGNOLIA AVE  
ORLANDO, FL 32801

3.4 CITY-ST-ZIP

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 119.07(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 member of the board of trustees; and that I am authorized to sign this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or added as indicated.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

Date

Daytime Phone #

4-25-96

4074259600

CR2E034 (12/95)