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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 P93000085864 (5) DOCUMENT #

1. Corporation Name

MILLENNIUM PACIFIC, INC.

MILLENNIUM PACIFIC, INC.							100 X 8 1			
Principal Place of Business 41 WEST CHURCH ST. SUITE 200			Mailing Address 41 WEST CHURCH ST. SUITE 200							
ORLANDO FL 32801			ORLANDO FL 32801			3. Date incorporated or Qualified 12/15/1993		of Last Rep 04/21/199	35	
2. Principal Place of Business			2a. Mairing Address				4. FEI Number 59-3225851		plied For at Applicable	
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City 8 State		27	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
21p	Country	28	Zip	Cour	ntry		8. This corporation has liability for	intangible ta		
24	25 and Address of Curre	29 at Begis	tered Agent	30]			10. Name and Address of New I	Registered	Agent	
g. Name	and Address of Cure.	r regns			B 1					
GIBSON, MARK 1					82	Street Add	ress (P.O. Box Number is Not Acceptable)			
41 WEST CHURCH ST.					83					
SUITE 200						<u></u>			85 Zip	Code
ORLANDO FL 32801 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes 12. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					84	1 ' '		FL	_ ' '	
	OFFICERS A	ra alved VD DIRE		13.		d sept at no form	ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	RS IN 12
TIFLE D			DELF IE		3,117				oneng.	
	ON, MARK I	200			AME	1 ADDRESS				
	EST CHURCH ST. #	2 00				SI-ZIP				
(311-31-74	NDO FL 32801		DELFIE		T-ILE				Change	☐ Addition
TITLE			—	224	NAME					
NAME STREET ADDRESS				2 3	STAFF	LADDRESS				
CITY-SI-ZIP						ST-7IP			Change	Addition
TITLE			DELFTE		HIFEF KAME	1				
NAME					NAME STRE	ET ADDRESS				
STREET ADDRESS						- SI - ZIF				
CITY - ST - ZIP			DELETE	.,	Titu				□ Change	Addition Addition
TIFLE				4.2	NAM	١				
NAME STREET ADDRESS				43	STHE	TEL ADDRESS				
CITY-ST-ZIP						-S1-ZIP			Change	Addition
TITLE			DEFELE	1	i Till				☐ Çila igo	
NAME					NAV					
STREET ADDRESS						EET ADDRESS				
CHY-ST-ZIP						(- S1 - 71P			Change	Addition
TITLE			DELETE	6	t IIII	Lt				

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY - S1 - ZIP

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

14. I do hereby certify that the information supplied with this fling is voluntarity 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 early that I am an officer or director of the carporation or the receiver or trusted 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 ackiness.