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 # P94000059665 1. Corporation Name

NEW MILLENNIUM PRESS, INC.

Mailing Address

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90125 032 ***150.00



Principal Place	e of Business	Mailing Address						
670 GOODLETT	e road north	670 GOODLETTE ROAD №	ORTH					
Naples FL 341	02	NAPLES FL 34102				DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed		
						08/12/1994		l
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
Z. Principal F	lace of business	26				65-0510991	· H	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		 -			\$8.7	5 Additional
	m, 510.	27				5. Certifcate of Status Desired -		Required -
City & Stat	е	City & State				6. Election Campaign Financing	\$5.0	00 May Be
28						Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current		11			10. Name and Address of New Registere	d Agent	
				81	Name			
KANDEL, JOSEPH				82	O11 A dalam	(D.O. Boy Number is Not Assentable)		 -i
	GOODLETTE RD N.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	LES FL 34102			83				
				Щ			12-1	
				84	City	F	L 85 2	Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statu	tes, the a	above	-named corpo	pration submits this statement for the purpose	of changing	its registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida Such change was a	aumonze	ea ov i	the corporatio	n's board of directors. I hereby accept the app	ointment a	s registered
SIGNATURE								
SIGNATORE	Signature, typed or printed name of registered agent a				signature required		AND DIDE	OTODO IN 40
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
TITLE	D	☐ DELETE		TILE		•	□¢iai	ige [] Addition
NAME	KANDEL, JOSEPH		1.2 N	IAME				\
STREET ADDRESS			1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	NAPLES FL 34102			NTV CT	-ZIP			
TITLE			1.4 C	3111-31				
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Valify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an were to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in its with all other like empowered. 14. I hereby certify that the information supplied with this filing does not a valid indicated on this annual report or supplemental angular report is true and a officer or director of the corporation or the receive or trustee empowered to Block 12 or Block 13 if changed, or on an attachment with an address, with

SIGNATURE: '

SIGNING OFFICER OR DIRECTOR