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 # P95000060914

1. Corporation Name

MILLENNIUM SOUTHCAL, INC.

Р	rinc	ipal	Place	of	Busin	ess
	144	A 18	POLI	^=	ATE	200

May 06, 1999 8:00 am Secretary of State

05-06-1999 90234 025 ***150.00



Principal Place	of Bhameas	IMAIIIII Address						
41 W. CHURCH ORLANDO FL 33		41 W. CHURCH ST., STE. 200 ORLANDO FL 32801)			00.05		
					DO NOT WRITE IN THIS	SPACE		
					 Date Incorporated or Qualified 08/07/1995 		_	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21	000 0. 200	26			59-3334650		Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27						
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees			
23		28			Trust Fund Contribution		led to rees	
Zip	Country	Zip	_ Country □		8. This corporation owes the current year in	Yes	□No ·	
24	25	29 30	D		Personal Property Tax.			
	9. Name and Address of Current	Registered Agent		A)	10. Name and Address of New Registered	Agent		
CIDO	ON, MARK I		81	Name				
	/. CHURCH ST., STE. 200			Street Ad	ddress (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32801		83					
			84	City	FL	85	Zip Code	
SIGNATURE	Signature, typed or printed name of registered agent				orporation Submits this statement for the purpose of ation's board of directors. I hereby accept the appo			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Char	nge 🔲 Addition	
NAME	GIBSON, MARK I		1.2 NAME					
STREET ADDRESS	41 W. CHURCH ST., STE. 200		1.3 STREE	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-S	T- 7IP				
TITLE	0112 1120 12 02001	☐ DELETE	2.1 TITLE	, <u></u>		Char	nge	
NAME			2.2 NAME	1				
			2.3 STREE	TADODESS				
STREET ADDRESS			2.4 CITY-5	,				
CITY-ST-ZIP		☐ DELETE	3.1 TITLE) - Z)F		Char	nge Addition	
TITLE			3.2 NAME					
NAME				ADDRESS				
STREET ADDRESS			3.4. CITY-5	1				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	11-217		Char	nge	
TITLE		- OCKETE	4.1 INCE			_	_	
NAME !				T 40000000				
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP		☐ DELETE	4 4 C/TY-S	I-ZIP		☐ Chai	nge Addition	
TITLE			5.1 TITLE 5.2 NAME			□ <-ia		
NAME				T 40000000				
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	1-ZIP		LJ CF-	ngo D Addisor	
TITLE	}	☐ DELETE	6.1 TITLE	ļ		Chai	inge 🔲 Addition	
1	I		6.2 NAME	i i				

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

CITY-ST-ZIP