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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075678 (9)

MILLENNIA GROUP OF FLORIDA, INC.

Principal Place of Business Mailino Address 4407-WALLORAFT AVE- 14/27 - 7 54. 4407 WALLCRAFT AVE TAMPA FL 33611-1163 TAMPA FL 80611 DADE CITY, FL 33525 3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1995 08/09/1996 2. Principal Place of Business Applied For Mailing Address 4. FEI Number 59-3341782 14127-7K. Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 DADG CITY FLORIDA Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 USA Yes No Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GAY, NIEVES P 4407 WALLCRAFT AVE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33611** 83 84 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 1.1 DILE GAY, NIEVES P NAME 12 NAME 4407 WALLCRAFT AVE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33811** CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change Addition 21 101 F TITLE **GAY, GEORGE** NAME 2.2 NAME 4407 WALLCRAFT AVE STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33611** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 1/1LE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CI1Y - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I do 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 logal 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.

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