## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000018161 (5) DOCUMENT #

MILL	ennium Business Allian.	ICE, INC.		
Principal P	lace of Business	Mailing Address		r 1981/1001 150 10150 OLISE OBSEL OBSEL OBSEL 1865 1870 11810 USD 1981
2514 HOI	LLYWOOD BLVD.	2514 HOLLYWOOD BLVD.		
303		303		
		HOLLYWOOD FL 33020 US		DO NOT WRITE IN THIS SPACE
00		03		3. Date Incorporated or Qualified 02/28/1996
2 Princing	at Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	ai Flace of Business	26 Page 1		65-0659571 Not Applicable
	pt. #, 9tc.	Suite, Apt. #, etc.		\$8.75 Additional
22	•	27		5. Certificate of Status Desired Fee Required
City & S	State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		0	Personal Property Tax due June 30. Yes No
	9, Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent
	HERTZ, GARY D		81 Name	RTZ, GARY D.
	13740 SW 73RD COURT		82 Street	Address (P.O. Box Number is Not Acceptable)
	MIAMI FL 33158-1212		83	712 AMBEL BAY DRIVE
			84 City	FL 85 Zip Code 33331
11 Pursus	ant to the provisions of Sections 607.0	502 and 607 1508 Florida Statutes		ESTON FL 33331  corporation submits this statement for the purpose of changing its registered
office	or registered agent, or both, in the Sta	ite of Florida. Such change was au	thorized by the cor	oration's board of directors. I hereby accept the appointment as registered
<b>!</b>		igations of, Section 607.0505, Flori	da Statutes.	
SIGNATUF	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Agent signature	required when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Thange Addition
NAME	HERTZ, GARY D		1.2 NAME	HERTZ, GARY D.
STREET ADDRES			1.3 STREET ADDRESS	HERTZ, GARY D. 16712 AMBER BAY DRIVE
CITY-ST-ZIP	MIAMI FL 33158-1212		1.4 CITY - ST - ZIP	WESTON , FL . 33331
TITLE		☐ DELETE	2.1 TITLE	/ Change Addition
NAME			2.2 NAME	
STREET ADDRE	ss		2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRE	SS S		3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP	[ A ] 14200-
TITLE		L DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRES	SS I		4.3 STREET ADORESS	·
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		☐ VELETE	5.1 TITLE	C cyarge C Accident
NAME CYDEET ADDRESS			5.2 NAME	
STREET ADDRES	»		5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	-	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
	1	L Detell	6.2 NAME	Citality Citality
NAME				
STREET ADDRES	no i		6.3 STREET ADORESS	

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.

**FILED** 

Mar 20 1998 8:00am

Secretary of State