

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030370 (6)

1. Corporation Name
MILLENNIUM, INC.

Principal Place of Business

7618 PISSARO DRIVE
ORLANDO FL 32819

Mailing Address

% STANLEY FENWICK ROSENBERG, ESQ.
1941 ALOMA AVE., BOX 212
WINTER PARK FL 32782



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified

04/08/1996

4. FEI Number

59-3393632

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBERG, STALEY F ESQ.
1941 ALOMA AVE.
BOX 212
WINTER PARK FL 32782

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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)

DATE

OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PEROVETZ, LAWRENCE	
STREET ADDRESS	8503 SUMMerville PLACE	
CITY-ST-ZIP	ORLANDO FL 32819-3933	
TITLE	GM	<input type="checkbox"/> DELETE
NAME	LUCAS, VALERIE	
STREET ADDRESS	7618 PISSARO DR., #202	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, STANLEY	
STREET ADDRESS	500 N. MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	VLIELAND-BODDY, CLIVE	
STREET ADDRESS	MILLAND HOUSE, BREACH LANE	
CITY-ST-ZIP	SHAFESBURY DORSETT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAWRENCE PEROVETZ	
1.3 STREET ADDRESS	1930 EAST ADAMS DRIVE	
1.4 CITY-ST-ZIP	MAITLAND FL 32751	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CLIVE VLIELAND-BODDY	
4.3 STREET ADDRESS	MILLAND HOUSE, BEACH LANE	
4.4 CITY-ST-ZIP	SHAFESBURY, DORSET SP7 8LF. U.K.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: VALERIE LUCAS

4/30/98

407 352 6545

CR2E034 (10/97)