

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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90031 014 \*\*\*158.75

DOCUMENT # P96 000030370 (6) ✓

1. Corporation Name

MILLENNIUM INC.

Principal Place of Business

Mailing Address

7618 PISSARRO DRIVE #200  
ORLANDO FL 32819

DITTO

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/8/96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3393632

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

✓

\$8.75 Additional  
Fee Required

22

27

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

23

28

City & State

City & State

8. This corporation owes the current year Intangible  
Personal Property Tax.

□ Yes

□ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBERG, STANLEY R  
1941 ALOHA AVE.  
Box 212  
WINTER PARK FL 32792

81 Name LAVIGNE, COTON + ASSOCS, P.A.

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

5301 CONROY ROAD

83 SUITE 140

84 ORLANDO

FL

85

Zip Code 32811

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT  
NAME PEROVETZ, LAWRENCE  
STREET ADDRESS 1950 EAST ADAMS DRIVE  
CITY-ST-ZIP MIAMI FL 32751

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE GENERAL MANAGER  
NAME LUCAS, VALERIE  
STREET ADDRESS 7618 PISSARRO DRIVE #200  
CITY-ST-ZIP ORLANDO FL 32819

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE CFO  
NAME CLIVE VIGELAND-BODDY  
STREET ADDRESS MILLAND HOUSE, BEACH LANE  
CITY-ST-ZIP SHAFTESBURY DORSET.

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

Valerie Lucas GENERAL MANAGER

April 22 1999

407-352 6505.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)