

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000049937 (1)

1. Corporation Name
MILLIONAIRE SALES, INC.

Principal Place of Business
1649 FORUM PL., #12
WEST PALM BEACH FL 33401

Mailing Address
1649 FORUM PL., #12
WEST PALM BEACH FL 33401-2331



2. Principal Place of Business

21 100 NW 82 Ave

Suite, Apt. #, etc.

22 304

City & State

23 Plantation FL

Zip

24 33224

Country

25 USA

2a. Mailing Address

26 100 NW 82 Ave

Suite, Apt. #, etc.

27 304

City & State

28 Plantation FL

Zip

29 33224

Country

30 USA

3. Date Incorporated or Qualified
06/10/1996

3a. Date of Last Report

-

4. FEI Number

65-0680875

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LEWIS, KENT
1649 FORUM PL., #12
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

LEWIS KENT

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

2765 Hampton Circle E

83 Delray Beach

84 City

FL

85 Zip Code

33445

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 607.0508, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(Signature) Registered Agent signature required when reinstating

DATE

Feb 14/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEWIS, MAXINE
1649 FORUM PL., #12
WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEWIS, KENT
1649 FORUM PL., #12
WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Lewis Maxine
2765 Hampton Circle E
Delray Beach FL 33445
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Lewis Kent
2765 Hampton Circle E
Delray Beach FL 33445
☒ Change ☐ Addition

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Kent Lewis

Feb 17/97 9547132421

Date

Daytime Phone #

CR2E034 (9/96)