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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049937

Country

9. Name and Address of Current Registered Agent

25

2765 HAMPTON CIRCLE E **DELRAY BEACH FL 33445**

MILLIONAIRE SALES, INC.

Principal Place of Business

2. Principal Place of Business

LEWIS, KENT

Suite, Apt. #, etc.

City & State

100 NW 82 AVE

PLANTATION FL 33224

304

21

22

23

24

12.

SIGNATU ne of registered agent and title if applicable (NOTE: Registered Agent signature required when re OFFICERS AND DIRECTORS 13. ☐ DELETE 1.1 TITLE LEWIS, MAXINE NAME 1.2 NAME 2765 HAMPTON CIRCLE E STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE LEWIS, KENT 2.2 NAME 2765 HAMPTON CIRCLE E STREET ADDRESS 2.3 STREET ADDRESS **DELRAY BEACH FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TM F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 on 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 one attachment with an address, with all other like empowered.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90108 021 ***150.00

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Mailing Address						-	2 40 1 1 0 1		BOUL DENI	0 FB	8 11411 1001 1001
100 NE 82 AVE											
304 Plantation FL 33224						DO NOT WRITE IN THIS SPACE					
US						3. Date Incorporated or Qualifed					
						06/10/	•				
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	28					6. Election Campaign Financing Trust Fund Contribution Added to Fees					
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dress of Current Registered Agent						10. Name a	ind Address o	f New Re	gistered	Agent	
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cc			-	82 Str	eet Addre	ess (P.O. Box N	Number is Not	Acceptabl	é)		
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ome of registered agent and title if applicable. (NOTE: Region OFFICERS AND DIRECTORS				igent signat	ture required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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SIGNATURE: