

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000086012 (7)**

1. Corporation Name

AMERICAN MILLENNIUM CORPORATION

Principal Place of Business

5200 N.W. 43RD ST
SUITE 102-147
GAINESVILLE FL 32606

Mailing Address

5200 N.W. 43RD ST
SUITE 102-147
GAINESVILLE FL 32606-4484

3. Date Incorporated or Qualified

10/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 **2137 HILLSGATE ST.**

2a. Mailing Address

26 **2137 HILLSGATE ST.**

Suite, Apt. #, etc.

22 **SUITE 100**

Suite, Apt. #, etc.

27 **SUITE 100**

City & State

23 **LAS VEGAS, NV.**

City & State

28 **LAS VEGAS, NV.**

Zip

24 **89134**

Country

25 **USA**

Zip

29 **89134**

Country

30 **USA**

4. FEI Number

86-0853974

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

METCHEL, MARC
RT 3 BOX 32-G
ALACHUA FL 32615

MARY ADKINS
29425 C.R. 561
TAUARES, FL
32778

10. Name and Address of New Registered Agent

81 Name **ANDREW F. CAUTHEN**
82 Street Address (P.O. Box Number is Not Acceptable) **2137 HILLSGATE STREET**
83 **LAS VEGAS**
84 City **LV** 85 Zip Code **FL 32778**

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

Andrew F. Cauthen

ANDREW F. CAUTHEN, PRES. CEO

4/30/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KETCHEL, MARC	
STREET ADDRESS	RT 3 BOX 32-G	
CITY- ST- ZIP	ALACHUA FL 32615	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLMES, JAMES M	
STREET ADDRESS	8408 SHADT GLEN DR.	
CITY- ST- ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, JOHN S	
STREET ADDRESS	60 DUNE ST, APT A.	
CITY- ST- ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VESTER, JOHN C	
STREET ADDRESS	3515 WIMBERLY WAY	
CITY- ST- ZIP	POWER SPRINGS FL 33073	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIR + PRES. CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANDREW F. CAUTHEN	
1.3 STREET ADDRESS	29425 C.R. 561	
1.4 CITY- ST- ZIP	TAUARES, FL 32778	
2.1 TITLE	DIR + SECT/TRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARY ADKINS	
2.3 STREET ADDRESS	29425 C.R. 561	
2.4 CITY- ST- ZIP	TAUARES, FL 32778	
3.1 TITLE	STEVE WATWOOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIR. + V.P.	
3.3 STREET ADDRESS	17835 RCR 29	
3.4 CITY- ST- ZIP	OAK CREEK, CO. 80467	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
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 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 on an attachment with an address.

SIGNATURE:

Andrew F. Cauthen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW F. CAUTHEN
PRES CEO

Date

4/30/97

Daytime Phone #

702/233 9360

0068922

CR2E034 (9/96)