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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000093353 (6)

MILLENIUM MICRO SYSTEMS, INC.

FILED May 19 1998 8:00am Secretary of State

	,				
Principal Plac	e of Business	Mailing Address		T TODINGON THE COUNT BOTH BOTH BOTH BOTH BOTH	18188 188 198 BITTO 111 481
1918 HIMES AVE		14506 MIDLAND GREENS PLACE			
TAMPA FL 33607 TAMPA FL 33625				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
				11/14/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# 810	Suito Apt # ala	······································	59-3425969	Not Applicable
22 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e 	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Current		30	10. Name and Address of New Registere	
MA	ERILAWYER CHARTERED	· · · · · · · · · · · · · · · · · · ·	81 Name		
343 ALMERIA AVENUE CORAL GABLES FL 33134			62 Street Add	ress (P.O. Box Number is Not Acceptable)	
			olicei Aud	1000 (1.0. Box Mulliber is Not Acceptable)	
			63		
ŀ			84 City		85 Zip Code
				F	
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. Thereby account the appointment as registered					
office or registered agent, or both, in the State of Horida. 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	Cloable to the colorest to the	and the second second			
12.	Signature hyperd or proofed manner of my stored agreed OFFICERS AND		: Registered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE AS A	Change Addition
NAME	DUNN, KENNETH E		1.2 NAME		
STREET ADDRESS	14506 MIDLAND GREENS PLACE	Œ	1.3 STREET ADDRESS		[8
CITY-ST-ZIP	TAMPA FL 33625		1.4 CITY - ST - ZIP		
TITLE	1	DELETE	2.1 TITLE		Change Addition
NAME	DUNN, AUDRA		2.2 NAME		
STREET ADDRESS	14506 MIDLAND GREENS PLACE	E	2 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33625		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	·		34 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CUTY-ST-ZIP TITLÈ		DELETE	5.4 CITY-ST-ZIP		Change
1		ר חברנוב .	6.1 TITLE		☐ Change ☐ Addition
NAME .	·.		6.2 NAME		
STREET ADDRESS	¥.		6.3 STREET ADDRESS		1
CITY-ST-ZIP	×		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 13 if changed, or on an attachment with an activities.

4/21/90