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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000094362 (6)

MILLENNIUM RESOURCES, INC.

Principal Place of Business

Mailing Address

957 REALTHEY CHIR PLACE

957 RRANTLEY CLUB PLACE

FILED Apr 30 1997 8:00am Secretary of State



LONGWOOD FL 32779		LONGWOOD FL 32779			
				3. Date Incorporated or Qualified 3a. 11/14/1996	Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3414208/262-17-	Not Applica
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangib	
4	25	29	30	Florida Statutes X Yes	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
	ts, dalila c		B1 Name		
357 BRANTLEY CLUB PLACE			82 Street	Address (P.O. Box Number is Not Acceptable)	
LON	GWOOD FL 32779		83	7.10.24	
					1-1
			84 City	F	85 Zip Code
	Signature, typed or printed name of registered a		NOTE: Registered Agent signatur	e required when reinsteling) DATE ADDITIONS/CHANGES TO OFFICERS AF	NO DIRECTORS IN 12
12.		ND DIRECTORS DELETE		ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS IN 12 Change Add
TITLE	PD CIATADONIA CICNANIA W	DELCTE	1.1 TITLE		☐ Change ☐ Audi
NAME	CIAMARONI, GIQVANNI W 357 BRANTLEY CLUB PLACE	,	1.2 NAME		
STREET ADDRESS	LONGWOOD FL 32779	•	1.3 STREET ADDRESS	}	
CITY-ST-ZIP TITLE	VAD , PP	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Add
NAME	POTTS, DALILA C		22 NAME		<u> </u>
STREET ADDRESS	357 BRANTLEY CLUB PLACE	:	2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779	•	2. 4 DITY-ST-ZIP		
TITLE	•	☐ DELETE	3.1 TITLE		☐ Change ☐ Add
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		_ Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DEFET	4.4 CITY - \$1 - ZIP		Change Add
TITLE		DELETE	5.1 TITLE		□ cuanôs 1□ you
NAME OZOSET ABODEGO			5.2 NAME	İ	
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S1 - ZIP 6.1 TITUE		Change Add
NAME		- viteit	6.2 NAME		الماري ويسادوني
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
CITY-ST-ZIP	ay certify that the information suppli	ad with this filing does not a		stated in Section 119 07(3)(i). Florida Statutes, I furti	per 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 12 or Block 12 or on an attachment with an address.