127-343-4174

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

COR ANNU	PROFIT PORATION JAL REPORT 1998	San	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED	
	NACATE AL	103850 (9	3)			98 AUG 24 PM 1: 09	
MILLENIUMAID, INC.					SEGRETARY OF STATE 1:1:AHASSEE, FLORIDA		
1411222141							ll
Principal Plac	e of Rusiness	Mailing Address					1
6860 GULFPORT BLVD. 6860 GULFPORT BLVD.							
SUITE 112 SUITE 112 ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707					DO NOT WRITE IN THIS SPACE		
ON TENENDONIO TE GOVO					3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Malling Address						01/01/1997 4. FEI Number X Applied For	
21 26						Not Applicab	le l
Suite, Apt. #, etc. Suite, Apt.			. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	- }
22			State			6. Election Campaign Financing \$5.00 May Be	
23		28	- ,			Trust Fund Contribution Added to Fees	
Zip Country Zip 24 25 29			Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	-
24	9. Name and Address of Curren		[30]	 -		10. Name and Address of New Registered Agent	
AME	RILAWYER CHARTERED			81 Na	me		
343 ALMERIA AVENUE				82 St	eel Addre	1 Address (P.O. Box Number Is Not Acceptable)	
CORAL GABLES FL 33134				83			
				84 Cit	У	FL 85 Zip Code	
11. Pursuant office or agent. I : SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligations of security and accept the obligations of security agents.	of Florida. Such change ations of, section 607.05	was authorized)5, Florida Stat	l by the utes.	corporatio	ation submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered red when reinstating) DATE	
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME	PSTD DELETE RYAN, KAYE		'L			STD Change Addition	on S
STREET ADDRESS				1.3 STREET ADDRESS P		est Office Box 66977 NIR Pete Beach, Florida 33736	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33	418	1.4 CiT	Y-ST-ZIP	St	. Pete Beach, Florida 33736	
TITLE	DELETE		'- I	2.1 TITLE		Change Addition	on '
NAME STORET ADDDESS				2.2 NAME 2.3 STREET ADDRESS		00000262 4 510r	
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP	200	-08/25/98- -0 1044015	•
TITLE		DELE			1	-08/25/9801044015 ****150.00 *****150.00	an a
NAME			3.2 NA	ME		== . . -	
STREET ADDRESS				REETADDR	ESS		
CITY-ST-ZIP		DELE		Y-ST-ZIP LF		Change Additiv	_
NAME			4.2 NA		}	C) guange C) young	"
STREET ADDRESS			4.3 ST	REET ADDR	ESS		}
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELE	•		ł	Change Addition	n i
NAME STREET ADDRESS			5.2 NA 5.3 STE	ME REET ADDR	ess		
CITY-ST-ZIP				Y-ST-ZIP		^	A
TITLE		DELE				Change Change	Mγ
NAME			6.2 NA			14 A	i [
STREET ADDRESS				EET ADDR	SS	<i>'0</i> /',	
14. I hereby ce	L	this filing does not qualif	for the exemp	Y-ST-ZIP tion stat	ed in section	on 119.07(3)(i), Florida Statutes. I further certify that the Information	
indicated o	on this annual report or supplemental	annual report is true and celver or trustee empowe	accurate and to red to execute	hat my s	ignature s	shall have the same legal effect as if made under oath; that I am uired by Chapter 607, Florida Statutes; and that my name appears	

NATHET EUKaye Ryan

SIGNATURE:

To: Florida Department of State - Division of Corporations

From: Milleniumaid Inc

Re: Annual filing

We received no "first notice" for this filing. In speaking with you representative in Tallahassee, we were advised to go ahead and file as though this were the first notice and include this letter stating so.

7/---