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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700003712

MILLENIUM FUNDING GROUP, INC.

Principal Place of Business

Mailing Address

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90116 001 \*\*\*150.00



2764 EAST STATE ROAD 44 2764 EAST STATE ROAD 44     EUSTIS FL 32726 EUSTIS FL 32726								
E03113 FL 1277	20	EU3113 FL 32720			DO NOT WRITE	IN THIS SPACE		
					Date Ir corporated or Qualifed     01/14/1997			
2. Principa P	lace of Business	2a. Mailing Address			4. FEI Number		App ied For	
21 2764	1 East Orange Area	25 2764 ENIT	Ocan	Aven	رو <u>59-3430936</u>		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	, , , , , ,	5 Additional Required	
City & State City & State City & State  23 Eいまり  City & State			FL		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24 32.7	26 25 LAKE	Zip 32726 30	Country	9	This co-poration owes the current     Personal Property Tax.	year I itangible ☑ Yes	[]No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent		
			81 Nar	ne				
VERGARA, MARCO A				ot Addres	ss (P.O. Box Number is Not Acceptable	<del></del>		
2764 EAST STATE ROAD 44 EUSTIS FL 32726					/ Eost Orong	2 Aven	ne	
EUSTIS FL 32726				• •	- 5	_		
			84 City	En	st/s	FL 85 Z	ip Code 32726	
11. Pursuar t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-nam	ied corpor	ation submits this statement for the pur	pose 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:								
	Signature, typed or printed nam and registered agent a		gistered Agent signat	ure required w		DATE	<del></del>	
12.	OFFICERS AND		13.	<del></del> -	ADDITIONS/CHANGES TO OFFICE	Chang		
TITLE	D MEDCADA MADCO A	☐ DELETE	1.1 TITLE	]		□ Cuant	de 🗆 waqiiisii 1	
NAME	VERGARA, MARCO A 2764 EAST STATE ROAD 44		1.2 NAME	-00				
STREET ADDRESS	EUSTIS FL 32726		1.3 STREET ADDRS	355				
CITY-ST-ZIP TITLE	L03113   L 32/20	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			☐ Chang	e Addition	
NAME			2.2 NAME	Ì		_,,	,	
STREET ADDRESS		• *	2.3 STREET ADDRE	ss		•	*	
CITY-ST-ZIP			2.4 CITY-ST-ZIP				j	
TITLE		DELETE	3.1 TITLE			☐ Chang	je Addition	
NAME			3.2 NAME	1			1	
STREET ADDRESS			3.3 STREET ADDRE	ss			-	
CITY-ST-ZIP			34. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	ge   Addition	
NAME			4 2 NAME	1			}	
STREET ADDRESS			4.3 STREET ADDRE	ss				
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		·	☐ Chang	ge [ ] Addition	
NAME			5.2 NAME	1			}	
STREET ADDRESS			53 STREET ADDRE	ss				
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	ge [] Addition	
NAME			6.2 NAME	-				
STREET ADDRESS			6.3 STREET ADDRE	ss			j	
CITY-ST-7IP			6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with the information supplied with 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 cath; 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PHILITED NAME OF SIGNING OFFICER OR DIRECTOR

352 357 5507