

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022113 (9)

1. Corporation Name

THE MILLENNIAL DEVELOPMENT CORPORATION

Principal Place of Business

C/O BERMAN, WOLFE & RENNERT, P.A.
35TH FLOOR, 100 SOUTHEAST SECOND STREET
MIAMI FL 33131-2130

Mailing Address

C/O BERMAN, WOLFE & RENNERT, P.A.
35TH FLOOR, 100 SOUTHEAST SECOND STREET
MIAMI FL 33131-2130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

65-0734845

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 18520 NW 67 AVENUE

22 Suite, Apt. #, etc.

22 SUITE 225

23 City & State

23 MIAMI, FL

24 Zip

24 33015

25 Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

WOLFE, LEON J
C/O BERMAN, WOLFE & RENNERT, P.A.
35TH FLOOR, 100 SOUTHEAST SECOND STREET
MIAMI FL 33131-2130

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D KELLY, ANGELA R
STREET ADDRESS 2450 N.W. 159TH TERRACE
CITY - ST - ZIP MIAMI FL 33054

TITLE ☐ DELETE

NAME D KELLY, ALICE N
STREET ADDRESS 2450 N.W. 159TH TERRACE
CITY - ST - ZIP MIAMI FL 33054

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P/T/D
1.3 STREET ADDRESS 18520 N.W. 67 AVENUE, SUITE 225
1.4 CITY - ST - ZIP MIAMI LAKES, FL 33015

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME S/D
2.3 STREET ADDRESS 18520 N.W. 67 AVENUE, SUITE 225
2.4 CITY - ST - ZIP MIAMI LAKES, FL 33015

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME D DORA B. BRADLEY
3.3 STREET ADDRESS 18520 NW 67 AVE, STE 225
3.4 CITY - ST - ZIP MIAMI LAKES, FL 33015

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ANGELA R. KELLY

1/26/98 (305)623-8098

CR2E034 (10/97)