## 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 # P97000035085

Corporation Name

MILLENNIUM BUILDING CORPORATION

Principal Place	e of Business	Mailing Address					
1000 SAVAGE (	COURT	1000 SAVAGE COURT					
SUITE 105		SUITE 105			DO NOT WELL	E IN THIS SPACE	• .
LONGWOOD FL 32750		LONGWOOD FL 32750	LONGWOOD FL 32/50		3. Date Incorporated or Qualifed	E III TIIO OI ACE	· · · · · · · · · · · · · · · · · · ·
					04/17/1997		- 1
	· ·	2a. Mailing Address			4. FEI Number		applied For
	lace of Business	— ĭ			59-3439819	<b>——</b>	lot Applicable
21	#	Suite, Apt, #, etc.				\$8.75	Additional
Suite, Apt.	#, etc.	27			5. Certifcate of Status Desired		Required
City & State	·	City & State			6. Election Campaign Financing	_ \$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Intangible	
24	25	29	30		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	tegistered Agent	
		ter beller i tre	81	Name			
	SER, ROLAND L 1 MANIGAN AVENUE	30 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)	
OVIE	EDO FL 32765		83				4 4 6 4 .
		*		0.1			Code
			84	City		FL	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	s, the above	named corpo	ration submits this statement for the n's board of directors. I hereby accep	purpose of changing i	ts registered
	registered agent, or both, in the Sta	ate of Florida: Such change was au	monzeo dy u	ne corporation	is board of directors, i hereby accep	tille appointment as i	ogiotoroa
office or n	im familiar with, and accept the ob	ligations of, Section 607.0505, Florid	da Statutes.	•	•	7	`
agent. I a	rm familiar with, and accept the ob	ligations of, Section:607.0505, Flori	da Statutes.			·	· <u>· · · · · · · · · · · · · · · · · · </u>
office or n agent. I a SIGNATURE	im familiar with, and accept the ob-	ligations of, Section 607.0505, Florid agent and title if applicable. (NOTE: F	da Statutes. Registered Agent		when reinstating)	DATE	
signature 12.	arm familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	ligations of, Section 607.0505, Florid agent and title if applicable. (NOTE: F AND DIRECTORS	Registered Agent		when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS	ligations of, Section 607.0505, Florid agent and title if applicable. (NOTE: F	Registered Agent 13. 1.1 TITLE		when reinstating)	DATE	ORS IN 12
signature 12.	Signature, typed or printed name of registered OFFICERS PD HELSER, ROLAND L	ligations of, Section 607.0505, Florid agent and title if applicable. (NOTE: F AND DIRECTORS	Registered Agent  13. 1.1 TITLE 1.2 NAME	signature required	when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE  12.	Signature, typed or printed name of registered OFFICERS PD HELSER, ROLAND L 1021 MANIGAN AVENUE	ligations of, Section 607.0505, Florid agent and title if applicable. (NOTE: F AND DIRECTORS	Registered Agent  13. 1.1 TITLE 1.2 NAME 1.3 STREET	signature required	when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD HELSER, ROLAND L	ligations of, Section 607.0505, Florid agent and title if applicable. (NOTE: F AND DIRECTORS  DELETE	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST-	signature required	when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT ☐ Change	ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD HELSER, ROLAND L 1021 MANIGAN AVENUE	ligations of, Section 607.0505, Florid agent and title if applicable. (NOTE: F AND DIRECTORS	Assistance Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE	signature required	when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD HELSER, ROLAND L 1021 MANIGAN AVENUE	ligations of, Section 607.0505, Florid agent and title if applicable. (NOTE: F AND DIRECTORS  DELETE	tegistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET/ 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ADDRESS	when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT ☐ Change	ORS IN 12
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 (401) 265-7233

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90028 020 \*\*\*150.00

R2E034 (11/98)