

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 18 1998 8:00am
Secretary of State

DOCUMENT # **P97000036753 (6)**

1. Corporation Name
MILLENNIUM DYNAMICS, INC.

Principal Place of Business
**12109 SOUTH HIGHWAY U.S. 441
MICANOPY FL 32887**

Mailing Address
**919 EAST ADAMS STREET
JACKSONVILLE FL 32202**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/23/1997	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 5-9-3505563		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MANUKIAN, LLOYD S ESQ. 1534 KINGSLEY AVENUE ORANGE PARK FL 32073				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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIKES, WILLIAM J SR.	1.2 NAME	
STREET ADDRESS	4455 CONFEDERATE POINT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAULEY, JAMES H	2.2 NAME	
STREET ADDRESS	11949 BRADY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	2.4 CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUKIAN, ARA	3.2 NAME	
STREET ADDRESS	3857 SW 1ST AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUKIAN, LLOYD S	4.2 NAME	
STREET ADDRESS	7701 BAYMEADOWS CIRCLE WEST #1142	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIKES, SIDNEY M	5.2 NAME	
STREET ADDRESS	4455 CONFEDERATE POINT RD. APT. 24E	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, WYMAN	6.2 NAME	
STREET ADDRESS	111 SOLANO ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	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: *James H. McGauley*

4/20/98 904 268-1502

CR2E034 (10/97)