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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 22 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9700039842**

1. Corporation Name
MILLENNIUM NATIONAL EVENTS INC.

Principal Place of Business Mailing Address
6875 NW 15TH ST **6875 NW 15TH ST**
PLANTATION FL 33313 **PLANTATION FL 33313**

2. Principal Place of Business		2a. Mailing Address	
26 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
27 City & State		27 City & State	
28 Zip		28 Zip	
29 Country		29 Country	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/05/1997	
4. FEI Number 65-0814890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
STEINBERG MITCHELLS
6875 NW 15TH ST
PLANTATION FL 33313

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	Chairman <input type="checkbox"/> DELETE
NAME	MITCHELL S. STEINBERG
STREET ADDRESS	6875 NW 15TH ST
CITY-ST-ZIP	PLANTATION FL 33313
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600003087786-8
1.3 STREET ADDRESS	-01/04/00--01076--012
1.4 CITY-ST-ZIP	****150.00 ****150.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **[Signature]** **12-16-99 934-584-3443**

CR2E034 (5/99)

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6875 NW 15th st
Plantation, Florida 33313
Phone: (954) 584-3443
Fax: (954) 584-1062
www.millenniumevents.net

Divisions of Corporations
State of Florida
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

I am writing this letter as instructed in re: my 1999 annual report for
Millenium National Events Inc. (FEI) 65-0814890.

On November the 22 I called the dept to let them know that I had not received
my check back from my bank for my filing fee from April. This was my third
follow up call. I was instructed by a representative of your dept (mmilligan) to
write this letter and send a new check with the following paper work that she
forwarded to me.

Thank you for your prompt attention.

Respectfully:

A handwritten signature in black ink, appearing to read "Mitchell Steinberg", written over a horizontal line.
Mitchell Steinberg