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Jun 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000049072 (6)

1. Corporation Name

MILLENNIUM PUBLICATIONS, INC.



Principal Place of Business

Mailing Address

~~8208 STONER ROAD~~
~~RIVERVIEW FL 33569~~

POST OFFICE BOX 856
RIVERVIEW FL 33568

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2420 BRANDON BLVD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #106

27

City & State

City & State

23 BRANDON FL

28

Zip

Country

Zip

Country

24 33511

25

29

30

3. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERLAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

TINKER Deborah

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

2420 Brandon Blvd #106

83

84 City

Brandon

FL

85

Zip Code

33541

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)

4/20/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PSTD
STREET ADDRESS TINKER, DEBORAH
CITY-ST-ZIP ~~8208 STONER ROAD P.O. Box 920~~
RIVERVIEW FL 33569 2420 W Brandon Blvd

TITLE ☐ DELETE
NAME #106
STREET ADDRESS Brandon FL
CITY-ST-ZIP 33511

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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.

CR2E034 (10/97)