

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000055694 (8)

1. Corporation Name
MILLENIUM CONSULTING, INC.



Principal Place of Business 238 GLADES CIRCLE LARGO FL 33771	Mailing Address 238 GLADES CIRCLE LARGO FL 33771
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1326 Hull Street South Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL 24 Zip 33707 25 Country USA		2a. Mailing Address 26 1326 Hull Street South Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL 29 Zip 33707 30 Country USA		3. Date Incorporated or Qualified 07/01/1997	
		4. FEI Number 59-3465909		Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent HANSON, MICHAEL A 238 GLADES CIRCLE LARGO FL 33771 New Address		10. Name and Address of New Registered Agent 81 Name Michael A Hanson 82 Street Address (P.O. Box Number is Not Acceptable) 1326 Hull Street South 83 City St. Petersburg 84 State FL 85 Zip Code 33707	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Michael Hanson
STREET ADDRESS		1.3 STREET ADDRESS	1326 Hull Street South
CITY-ST-ZIP		1.4 CITY-ST-ZIP	St. Petersburg, FL 33707
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP
NAME		2.2 NAME	Mark Hanson
STREET ADDRESS		2.3 STREET ADDRESS	180 Valley Brook Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Rochester, NY 14616
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Michael A. Hanson Michael A. Hanson 4-22-98 (813) 343-0587

CR2E034 (10/97)