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

FILED Mar 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P97000070999 (2) MILLENNIUM MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 6821 LONGBOAT DR., S. 6821 LONGBOAT DR., S. LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1997 2. Principal Place of Business 2a. Mailing Address Applied For *65-0*774725 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 区 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DRAKE, MICHAEL D 6821 LONGBOAT DR., S. Street Address (P.O. Box Number is Not Acceptable) R2 **LONGBOAT KEY FL 34228** 83 City AA 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 registored agont, 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 by predictional accept the obligations of the purpose of changing its registered accept the appointment as registered agent. I am familiar with an accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature by predictional agent and table it applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition NAME DRAKE, MICHAEL D 1.2 NAME 6821 LONGBOAT DR., S. STREET ADDRESS 1.3 STREET ADDRESS LONGBOAT KEY FL 34228 CITY - ST - ZIF 1.4 CITY - ST-ZIP DELETE Addition Change TITLE 2.1 TITLE DRAKE, AMY R NAME 2.2 NAME 6821 LONGBOAT DR., S. STREET ADDRESS 2.3 STREET ADDRESS **LONGBOAT KEY FL 34228** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City-St-ZiP DELETE Change Addition TITLE 4.1 TITLE

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

DELETE

DELETE

MICHAEL D. DRAKE

FEB. 18, 1998 (94) 383-8859

Addition

Addition

Change