## 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

## DOCUMENT # P970000 1. Corporation Name USH MILLENNIUM VENTURES CORP. P97000073632 (6)

Principal Place of Business   Mailing Address	ODIT WILLEST TOTAL OOTS .						
Note	Principal Plac	e of Business	Mailing Address	***		0 & 1315A A <del>65</del> 0 D 15160 5185 4005	
### PAINTER IN THIS SPACE  ### PAINTER IN THIS S	1800 WEST L	OOP SOUTH	1800 WEST LOOP SOUTH				
2. Principal Place of Business 2. 2a. Making Address 2. 2b. Making Address 3. 2a. Making Address 4. FEI Number 7. 6054660.3	SUITE 1900 SUITE 1900						
Principal Pince of Business   2a. Mailing Address   7.6-0546603   Applied For For Sunt, Apr. 4, etc.   7.6-0546603   Not Applied For Sunt, Applied For Sunt, Apr. 4, etc.   7.6-0546603   Not Applied For Sunt, Applied For Sunt, Apr. 4, etc.   7.6-0546603   Not Applied For Sunt,	HOUSTON TX 77027 HOUSTON TX 77027				DO NOT WRITE IN THIS	SPACE	
Sulfice Apt #, elo   25   3010   Apt #, etc.   27   27   28   27   29   29   29   29   29   29   29		_			08/25/1997		
Sufe, Apt. #, etc.  22   Sufe, Apt. #, etc.  23   Sufe, Apt. #, etc.  23   City & State  24   City & State  25   City & State  26   Country  27   Country  28   This corporation was or has paid the currently year Interrupt Vasar Interrupt	2. Principal P	Place of Business	2a. Mailing Address			Applied For	
Suit, Apt. 4, etc. 2   Stor. Apt. 4, etc. 2	21		26		76-0546603	Not Applicable	
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & Country   State   City & State   City & Country   State   City & Country	Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		& Darkers of Oren Daried	\$8.75 Additional	
City & State    Country   29	22		27		b. Centricate of Status Desired	Fee Required	
True Fund Contribution   Added to Fees   28   29   30   Step	City & State		City & State		6. Election Campaign Financing	\$5.00 May Bo	
20   20   20   20   20   20   20   20	23		28		. ~		
Personal Property Tax due June 30   Personal Property Tax due Ju		Country		Country	<del>-</del>		
10. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   1200 SOUTH PINE ISLAND ROAD   1200 SOUTH PINE ISLAND ROAD ROAD ROAD ROAD ROAD ROAD ROAD ROA	24	25]		آ ُ	· · · · · · · · · · · · · · · · · · ·		
C T CORPORATION SYSTEM 1200 BOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Socious 607.0509 and 607.1508, Florida Statutes, the above -named corporation submits this statement for the purpose of changing its registered edgent, or both, in the State of Florida Schotchange was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent, and familiar wint, and accept the obligations of, Section 607.6505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OF FLETES AND DIRECTORS Statutes.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CHANGES 14. THE PREST ADDRESS 14. CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. CHANGES 16. THE PREST ADDRESS 16. CHANGES TO OFFICERS AND DIRECTORS IN 12  17. Pressurer 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Press Tident, Secretary 10. Change 13. Addition 16. Change 13. Addition 16. Change 13. Addition 17. The NAME 18. CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Press Tident, Secretary 10. Change 13. Addition 16. Change 13. Addition 16. Change 13. Addition 16. Change 13. Addition 16. Change 13. Addition 17. The NAME 18. CHANGES TO OFFICERS AND DIRECTORS IN 12  18. CHAN				<u> </u>			
PLANTATION FI. 33324    12							
PLANTATION FL 33324    Each   City   FL   St   Zip Code	O 1 GOTH OF CHOICE						
State   Addition   Street address   State				82 Street Ac	idress (P.O. Box Number is Not Acceptable)		
1. Pursuant to the provisions of Sections 607 05409 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lite registered agent, or both in the State of Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, or both in the State of Florida Statutes.    1	PU	ANIATION FL 33324					
11. Pursuant to the provisions of Sections 607 0500 and 607 1508. Floridal Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent affected by the corporation's board of directors. I hereby accept the appointment as registered agent affected by the corporation's board of directors. I hereby accept the appointment as registered agent affected by the corporation's board of directors. I hereby accept the appointment as registered agent affected by the corporation's board of directors. I hereby accept the appointment as registered agent affected by the corporation's board of directors. I hereby accept the appointment as registered agent affected by the corporation's board of directors. I hereby accept the appointment as registered agent affected by the corporation's board of directors. I hereby accept the appointment as registered agent affected by the corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent affected by the corporation's board of directors. I hereby accept the appointment as registered agent affected by the corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent affected by the corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the charge as tabulos.  In the statutor of the provided agent affected by the corporation's board of directors. I hereby accept the appointment as registered agent affected by the corporation's board of directors. I hereby accept the appointment as registered agent affected by a part of the corporation's and affected agent a				83			
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11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered appent I am familiar with, and accept the obligations of, Section 607.05.05. Florida Statutes.    SIGNATURE				O4 City	FL	85 Zip Code	
office or rogistered agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agont and familiar with and accept the obligations of Section 607.6505, Florida Statuties.    Signature   Signature typed to proved familiar of registered agont and it signature in the obligations of Section 607.6505, Florida Statuties.   Signature typed to proved familiar of registered agont agont as the flagscature. Required Agont signature required white representatives.   DATE	11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-pamed corporation submits this statement for the purpose of changing its registered						
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 TITLE  PRESIDENT, Secretary  Change X Addition  NAME  1.3 STREET ADDRESS  ALCHY-ST-2P  OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS IN 12  TO ADDITIONS/CHANGES IN 12  T	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						
Separation typed or proced range and the Imagerizates (NOTE ROglassed Agons signature required when reinstanding)   DATE	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
12. OFFICERS AND DIRECTORS  TITLE  TITLE  DELETE  1 TITLE  1 TITLE							
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	14. I hereby s	earlify that the information supplied w	dib this filing does not quality for t	the exemption states	ouston a Texas 77027	artify that the Information	

indicated on this alimual 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 a 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.

STEVEN E. LANE 4/20/98

713/877-2425

**FILED** 

May 15 1998 8:00am

Secretary of State