

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 # P97000084264 (5)

1. Corporation Name

MILLENNIUM SECURITY SERVICES, INC.

Principal Place of Business

1446 HOLIDAY CT.
WEST PALM BEACH FL 33415

Mailing Address

1446 HOLIDAY CT.
WEST PALM BEACH FL 33415

FILED

98 JUN -5 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

65-0832648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OLIVER, JIMMY E
1446 HOLIDAY CT.
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of the registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ROBERT S. SCHUMANN

STREET ADDRESS 10420 NW 19TH PLACE

CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE ☐ DELETE

NAME VICE PRESIDENT

NAME JIMMY E. OLIVER

STREET ADDRESS 1446 HOLIDAY CT

CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ DELETE

NAME CHIEF FINANCIAL OFFICER

NAME NANCY MAXWELL

STREET ADDRESS 1633 MANOR AVE

CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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:

Nancy Maxwell

Nov 1, 98

561-433-0805

CR2E034 (10/97)