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Apr 26, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000091517(7) CL

1. Corporation Name  
NEW MILLENNIUM BUSINESS CONSULTING, INC.

Principal Place of Business 725 S. County Road 427 Suite 109 Longwood, FL 32750  
Mailing Address 725 S. County Road 427 Suite 109 Longwood, FL 32750

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 10/24/1997  
4. FEI Number 59-3509736 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation owes the current year in angible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent  
A. Farese  
725 S. County Road 427  
Suite 109  
Longwood, FL 32750

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 *A. Farese* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/17/99

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Includes entries for DP and Barnes, Donald L.

Table with 5 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for title, name, street address, and 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 indicate 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, with all other like empowered.

SIGNATURE: *A. Farese Pres* Date 4/17/99

CR2E034 (11/98)