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

**PROFIT** CORPORATION ANNUAL REPORT 1998 Principal Place of Business 6281 NORTHWEST 37TH TERRACE MIAM! FL 33166 2. Principal Place of Business SW 50 12 CT 21 14975 Country LI JA 9. Name and Address of Current R



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000093374 (1)

MILLENNIUM SYSTEMS & NETWORKS, INC.

| 1 <b>110</b> 11 <b>1</b> 411 |  | HAN MAN ANA |  |
|------------------------------|--|-------------|--|

**FILED** 

May 12 1998 8:00am

Secretary of State

| Mailing Address                               |   |            |  |  |  |
|---|---|------------|--|--|--|
| 6281 NORTHWEST 37TH TERRACE<br>MIAMI FL 33168 | DO NOT WRITE IN THIS SPACE  |            |  |  |  |
|   | 3. Date Incorporated or Qualified 10/30/1997  |            |  |  |  |
| 2a. Mailing Address                           | 4. FEI Number Appl  | ied For    |  |  |  |
| 26 14925 SW 50Th CT                           | 070-60-4274 Not   | Applicable |  |  |  |
| Suite, Apt. #, etc.                           | 5. Certificate of Status Desired S8.75 Ad Fee Requ  |            |  |  |  |
| City & State  DAULE FL                        | 6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to                        |            |  |  |  |
| Zip 33331 Country 30 LL 5A                    | 8. This corporation owes or has paid the current year Intage Personal Property Tax due June 30. |            |  |  |  |
| gistered Agent                                | 10. Name and Address of New Registered Agent  |            |  |  |  |
| R1 Name                                       |   |            |  |  |  |

SMITH, BRUCE A **6281 NORTHWEST 37TH TERRACE MIAM! FL 33166** 

| ч  | SIT         | ı       | Person | ial Proper | 1y Tax d⊦ | ue June ( | 3O.     | L Yes | i 💌 No   |  |
|----|-------------|---------|--------|------------|-----------|-----------|---------|-------|----------|--|
|    |             | 10.     | Name   | and Add    | ress of   | New Reg   | istered | Agent |          |  |
| 61 | Name        |         |        |            |           |           |         |       |          |  |
| 82 | Street Addr | ress (F | O. Box | Number     | is Not A  | cceptabl  | 9)      |       |          |  |
| 83 |             |         |        |            |           | _         |         |       |          |  |
| 64 | City        |         |        |            |           |           | FJ      | 85    | Zip Code |  |
| 1  |             |         |        |            |           |           |         | -,    | Ļ        |  |

| 1   |  |                     | 83            |             | ***************************************                  |         |               |         |  |  |
|---|--|---------------------|---------------|-------------|--|---------|---------------|---------|--|--|
|   |  |                     | 84            | City        | F* 1   | 85      | Zip Code      |         |  |  |
| 11. Pursuant t  | o the provisions of Sections 607,0502 and 607,1508 | . Florida Statutes. | the above     | -named cor  | FL reportation submits this statement for the purpose of | changir | na its reaist | tered   |  |  |
| 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. |  |                     |               |             |  |         |               |         |  |  |
| CICAIATUDE  |  |                     |               |             |  |         |               |         |  |  |
| Signature typed or printed name of registrated agent and till of applicable (INOTE: Registered Agent signature required when re-installing) DATE  |  |                     |               |             |  |         |               |         |  |  |
| 12.   | OFFICERS AND DIRECTORS                             | 7-                  | 13.           | <del></del> | ADDITIONS/CHANGES TO OFFICERS AND                        |         |               |         |  |  |
| TITLE   | PD   | DELETE              | 1.1 TITLE     |             |  | Chan    | ige □ Ad      | dition  |  |  |
| NAME  | SMITH, BRUCE                                       |                     | 1.2 NAME      |             |  |         |               | ı       |  |  |
| STREET ADDRESS  | 6281 NORTHWEST 37TH TERRACE                        |                     | 1.3 STREET    | ADDRESS     |  |         |               |         |  |  |
| CITY-\$1-ZIP  | MIAMI FL 33166                                     |                     | 1.4 CITY - 5  | - ZIP       |  |         |               |         |  |  |
| TITLE   | VD   | DELETE              | 2.1 TITLE     |             |  | Chan    | ige □ Ad      | ddition |  |  |
| NAME  | CASCIO, THOMAS                                     |                     | 2.2 NAME      |             |  |         |               |         |  |  |
| STREET ADDRESS  | 14925 SOUTHWEST 50TH COURT                         |                     | 23 STREET     | ADDRESS     |  |         |               |         |  |  |
| CITY-ST-ZIP   | DAVIE FL 33331                                     |                     | 2. 4 CITY - S | T-ZiP       |  |         |               |         |  |  |
| TITLE   | SD   | DELETE              | 3.1 TITLE     |             |  | Chan    | ge 🔲 Ad       | dition  |  |  |
| NAME  | CASCIO, NATHALIE                                   |                     | 3.2 NAME      |             |  |         |               | Ì       |  |  |
| STREET ADDRESS  | 14925 SOUTHWEST 50TH COURT                         |                     | 3.3 STREET    | ADDRESS     |  |         |               | ŀ       |  |  |
| CITY-ST-ZIP   | DAVIE FL 33331                                     |                     | 3 4. CITY- S  | T-ZIP       |  |         |               |         |  |  |
| TITLE   |  | DELETE              | 4.1 TITLE     |             |  | Chan    | ge 🔲 Ad       | dition  |  |  |
| NAME  |  |                     | 4. 2 NAME     |             |  |         |               |         |  |  |
| STREET ADDRESS  |  |                     | 4.3 STREET    | ADDRESS     |  |         |               | 1       |  |  |
| CITY-ST-ZIP   |  |                     | 4.4 CiTY - S  | - ZIP       |  |         |               |         |  |  |
| TITLE   |  | DELETE              | 5.1 TITLE     |             |  | Chan    | ge 🔲 Ad       | dition  |  |  |
| NAME  |  |                     | 5.2 NAME      |             |  |         |               | l       |  |  |
| STREET ADDRESS  |  |                     | 53 STREET     | ADDRESS     |  |         |               |         |  |  |
| CITY-ST-ZIP   |  |                     | 5.4 CITY-S    | - ZIP       |  |         |               |         |  |  |
| TITLE   |  | DELETE .            | 61 TITLE      |             |  | Chan    | ge 🔲 Ad       | Idition |  |  |
| NAME  |  |                     | 6.2 NAME      | Į.          |  |         |               | Į       |  |  |
| STREET ADDRESS  |  |                     | 6.3 STREET    | ADDRESS     |  |         |               |         |  |  |
| CITY_ST.710   |  |                     | 6.4 CITY - ST | . 7IP       |  |         |               | ļ       |  |  |

14. Thereby 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 supplem

SIGNATURE:

4-29.98 954 921.3285