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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000094391

MILLENNIUM 2100, ING. Corporation

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90132 028 ***150.00



					. 11	
Principal Place	e of Business	Mailing Address		1 100 1100 110 10111 10011 00111 00111	. 2011) 62118 1811: 81644 11114	(8181 1181 1881
1398 SILVER LA	AKE DRIVE	1398 SILVER LAKE DRIVE				
MELBOURNE FL 32940 MELBOURNE FL 32940						
					E IN THIS SPACE	
				3. Date Incorporated or Qualifed		
				11/03/1997 .		
Principal Place of Business 2a. Mailing Address				. 4. FEI Number	 	plied For
21315 Stan Dr. Suite 6 26 315 Stan Dr.				<u>59-3481973</u>		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	
22		27 Suite-6-		3. Cermone of Child's Desired	Fee Re	guired
City & State City & State			6. Election Campaign Financing	□ \$5.00	May Be	
23 Melbourne, Fla. 28 Melbourne		28 Me Mourne	.Fla.	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip Co	untry	8. This corporation owes the current		_
24 3290	25 USA	29 32904 30	usa	Personal Property Tax.	☐ Yes	⊠No
دا جمر	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
81				Name		
INTRASTATE REGISTERED AGENT CORPORATION			82 Street Address (P.O. Box Number is Not Acceptable)			
701 BRICKELL AVENUE			62 Street Add	iress (P.O. Box Nulliber is Not Acceptab	10)	ł
SUITE 30000			83			"
MIAN	WI FL 33131				r	
`.			84 City		FL 85 Zip (Code
		- + COT 4COD Flacida Chabulan tha	abaya samad sas	poration submits this statement for the p		registered
office or r	enistered agent or both in the State o	f Florida. Such change was authorize	ed by the corporat	ion's board of directors. I hereby accept	the appointment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida Sta	itutes.			1
SIGNATURE					DATE	
	Signature, typed or printed name of registered agent		ed Agent signature requir	ADDITIONS/CHANGES TO OFF		DS IN 12
12.	OFFICERS AND			ADDITIONS/CHANGES TO OFF	Change	Addition
TITLE	P		TITLE			
NAME	EVANS, GORDON	1.21	NAME			
STREET ADDRESS	1398 SILVER LAKE DRIVE	1.33	STREET ADDRESS			j
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP			TA LEG
TITLE	ST	☐ DELETE 2.1	TITLE		☐ Change	☐ Addition
NAME	Evans, Jennifer	2.2	NAME			
STREET ADDRESS	1398 SILVER LAKE DRIVE	23	STREET ADDRESS			ļ
CITY-ST-ZIP	MELBOURNE FL 32940	2.4	CITY-ST-ZIP			
TITLE		☐ DELETE 3.1	TITLE		☐ Change	☐ Addition
NAME		3.2	NAME			
STREET ADDRESS			STREET ADDRESS			ľ
			CITY-ST-ZIP			
CITY-ST-ZIP TITLE			TITLE		Change	Addition
		_	NAME			
NAME			I	•		
STREET ADDRESS			STREET ADDRESS	i		-
CITY-ST-ZIP			CITY-ST-ZIP		☐ Change	Addition
TITLE			TITLE	V	спапу с	☐ 1400m041
NAME			NAME	•		1
STREET ADDRESS			STREET ADDRESS			j
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		DELETE 6.1	TITLE		☐ Change	☐ Addition
NAME	~	6.2	NAME		•	}
STREET ADDRESS	[· .	6.3	STREET ADDRESS			

6.4 CITY-ST-ZIP 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 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 appears, with all other like empowered.