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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

**PROFIT** FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 SEP 23 AM 10: 03 DOCUMENT # P98000009329 MILLENNIA PARTUERS, INC. Principal Place of Business Mailing Address P.O. Bot 1141 20751 S.R. 520 DO NOT WRITE IN THIS SPACE Winter Pack FL 32790 Odandy, 71 32833 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address Applied For P.O. Bot 21 20751 5. R. 520 Suite, Apt #, etc Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 //2 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible 25 USA 29 32740 Name and Address of Current Registered Agent USA ΠNο Personal Property Tax. 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 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 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 Lam familiary with, and accept the obtoorions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, hyped or profiled name of registered agent signature.

(NOTE: Recistanced Agent) CR2E034 (11/98) PLESE C. SONTON ANY Tres. DELETE 1.1 TITLE Change THEF 1.2 NAME 900002998509-NAME -09/28/99--01005--010 Park Lake St 1.3 STREET ADDRESS STREET ADDRESS Orlando, Fl 3280 3 \*\*\*\*150.08 \*\*\*\*150.0<u>0</u> CITY-S1-ZIP 1.4 CITY-ST-ZIP Braley ☐ DELETE Change ☐ Addition 2.1 TITLE Jeffrey TITLE 2.2 NAME NAME PADDOCK Director STREET ADDRESS Orlando, FL 32833 23 STREET ADDRESS CITY ST-ZIF 2.4 CITY-ST-ZIP ☐ Change Addition BARBARA Braley 3.1 TITLE TITLE 1943 Green Meadow IN 3.2 NAME NAME Durch 3.3 STREET ADDRESS STREET ADDRESS Orlando, Fl Van Acrus 3.4. CITY-ST-2IP CITY-ST-ZIP Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHTY-ST-ZIF ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition TIFLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS

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 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.

6.4 OTTY-ST-ZIP

5.4 OFTY-ST-ZIP

6.3 STREET ADDRESS

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: Elec C. Sanford ELESE C. SANFORD 9-21-99 467-644-2696

BIGHATURE AND TYPED OR PRINCIPLO NAME OF SIGNAMO OFFICER OR DESECTOR

Dufo Dayling Phone 2