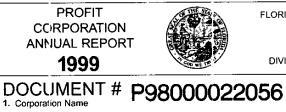
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1999

NEW MILLENNIUM FINANCIAL GROUP, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90284 046 ***150.00

|--|

Principal Place of Business Mailing Address							11212 11211 20101		
807 WINDY FILA	CE #201	807 WINDY PLA							
altamonte sp	RINGS FL 32714	ALTAMONTE SF	ALTAMONTE SPRINGS FL 32714			DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed			l
						03/09/1998			İ
Principal Place of Business 2a. Mailing Address			dress	 		4. FEI Number	Ap	p ied For	l
26						59-349-9817	No	t Applicable	l
Suite, Apt. #, etc. Suite, Apt. #, etc.			#, etc.			5. Certificate of Status Desired	\$8.75		l
27						5. Certificate of Status Desired	Fee Re	equired	
City & State City & State			е			6. Election Campaign Financing			
28						Trust Fund Contribution	Added	to Fees	l
Zip	Country	Zip	Zip Cor		,	8. This corporation owes the current year in		.	
25		29				Personal Property Tax.			
	9. Name and Address of Curr	ent Registered Agen	t	81	Nama	10. Name and Address of New Registered	Agent		
A C'DI	IN MADE W			01	Name				
	LIN, MARK W WINDY PLACE #201			82	Street Add	lress (P.O. Box Number is Not Acceptable)			
	MONTE SPRINGS FL 32714			00	ļ				
ALIA	IMONIE SPRINGS PE 32714			83					1
				84	City		85 Zip	Code	ĺ
					<u> </u>	Fl		r agintored	
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or bo h, in the Sta	502 and 607.1508, Fig te chilorida. Such cha	orida Statutes, tr ange was authoi	ne abov ized by	e-named ccr the corporat	poration submits this statement for the purpose of ion's board of cirectors. I hereby accept the appo	intment as re	g-stered	
agent. gi	m familiar with, and accept the obli	igations of, Section 60	7.0505, Florida	Statutes	3.	11-25	0,0,		
SIGNATURE	Mark w.	-april	alox 2. O. de		- Laine adular anni in	ed when reinstating) DATE	//		_ أ
12.	Signature, typed or printed name of registered a	ANI) DIRECTORS		13.	III Signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	F:S IN 12	90/
TITLE	D			1.1 THILE			Change	Addition	2
NAME	ASPLIN, MARK W			1.2 NAME					
STREET ADDRESS	807 WINDY PLACE #201				T ADDRESS				700
CITY-\$T-ZIP	ALTAMONTE SPRINGS FL 32	2714	B	4 CITY-S					្តិ
TITLE	TELL MICHIEL OF THE TELL			2.1 TITLE			☐ Change	Addition	٦
NAME				2 2 NAME					
STREET ADDRESS				2.3 STREE	T ADDRESS				
CITY-ST-ZIP			•	2. 4 CITY-5	· 1		=		_
TITLE				3.1 TITLE			Change	Addition	ĺ
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	TADDRESS				
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP				
TITLE			DELETE .	4.1 TITLE			☐ Change	Addition	Ì
NAME			į.	4 2 NAME					
STREET ADORE SS			i.	43 STREE	TADDRESS				
CITY-ST-ZIP				4.4 CITY-S	ST-ZIP				
TITLE				5 1 TITLE			Change	☐ Addition	
NAME				52 NAME					
STREET ADDRESS				5.3 STREE	T ADDRESS				
CITY-ST-ZIP				5.4 CITY- S	ST-ZIP				
TITLE			DELETE	6.1 TITLE			Change	Addition	
NAME	•			6.2 NAME					
STREET ADORESS				6.3 STREE	TADDRESS				
CITY-ST-ZIP				6.4 CITY - S	ST-ZIP				

Therety certify that the informa ion 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 changer, or on an attachment with an approximation of the empowered.

SIGNATURE: