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

**PROFIT** CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

21



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

26

## FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90035 014 \*\*\*158.75

## 

Applied For

Not Applicable

06/18/1998 4. FEI Number

59-35/7<u>69</u>3

DOCUMENT # P98000054871 MILLENNIUM MEDITRENDS, INC. Principal Place of Business Mailing Address 12903 MIA CIRCLE 12903 MIA CIRCLE LARGO FL 33774 LARGO &L 33774 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required		
	City & State	28	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
24	Zip Country	29	Zip Cou 30	intry	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ເ		
	9. Name and Address of Current R	Regis	tered Agent	T T	10. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET				81 82	DALE R. SCHUTZE		
TALLAHASSEE FL 32301-2525				83			
				84	4 City LARGO FL 85 Zip Code 33774		
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 comporation'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 DAY R. Schutze tresident							

DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change 1.1 TITLE TITLE SCHUTZE, DALE R 1.2 NAME NAME 12903 MIA CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **LARGO FL 33774** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TIDE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-SY-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 suppliemental 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 trusted 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 address, with all other like empowered.

SIGNATURE:

Dace R. Schris Parison 1/4/99

CR2E034 (11/98)