FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90118 010 ***150.00

A COMPLEMENT FOR THE PROPERTY OF THE REST OF THE ABOVE STREET AND STREET AND STREET ABOVE STREET

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 # P98000070470

1. Corporation Name

MILLENNIUM CENTER CONSTRUCTION, INC.

'								
Principal Place	e of Business	Mailing Address				f Edit is Adrist f	Adit Adits atat	îr i parî pa ir r ee r
343 PRUES UN	IVE	SIG-PAULO BRIVE						
ODANDON FL	18011	DDANIDON-FL-00544			DO NOT WOLT	E IN THIS	CDACE	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
!	,				08/10/1998		_	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	oplied For
2. Principal Place of Business 1206 Millennium Parkway 2a. Mailing Address PO Box 2638					59-3530034		N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		· -	Additional
22 27 22 22 22				<u> </u>	• <u> </u>			Required
City & State	City & State 28 Brandon, FL			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip Country Zip			Country		8. This corporation owes the curre	nt year Int	angible	
24 33511 25 US 29 33509-2638 30			US		Personal Property Tax.		Yes	X No
	9. Name and Address of Current		Ť		10. Name and Address of New Re	gistered	Agent	
			81	Name				
SULLIVAN, JOHN E				Street Addr	ess (P.O. Box Number is Not Acceptab			
איוואע פוטא ז פוס				1206	Millennium Parkway			
BRANDON FL 33511			83	3				
			84	l City			85 Zip	Code
			04	City		FL	. 65 1	0000
office or r	registered agent, or both in the State of im familiar with, and accept the obligation	of Florida. Such change was autho ione of Section 607.0505, Florida	rized by Statutes	/ the corporation	oration submits this statement for the pon's board of directors. I hereby accept	the appoin	99	egistered
	Signature, typed or printed name of registered agent OFFICERS AND		13.	ant signature require	ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECT	ORS IN 12
12. TITLE	PSTD		1.1 TITLE	·	Abbillionor with the state of t	, <u>, , , , , , , , , , , , , , , , , , </u>	Change	Addition
NAME .	SULLIVAN, JOHN E		1.2 NAME					
				TADDRESS	1206 Millennium Park	.way		
STREET ADDRESS	BRANDON FL 33511		1.4 CITY-5					ĺ
CITY-ST-ZIP TITLE	BIVARDON 1 E 00011	□ DELETE	2.1 TITLE	51-2F			Change	Addition
			2.2 NAME	Ì				
NAME				ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				ST-ZIP -				
TITLE '			3.1 TITLE	0,-2,,			Change	Addition
NAME		· ·	3.2 NAME					
STREET ADDRESS				ET ADORESS				
Į į			3.4. CITY-					
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.1 TITLE				Change	e Addition
NAME			4. 2 NAME					
		į		ET ADORĖSS				
STREET ADDRESS		•	4.4 CITY-1	1				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE				☐ Change	e Addition
NAME		,	5.2 NAME					-
STREET ADDRESS				ET ADDRESS				
			5.4 CITY-	1				
TITLE		DELETE	6.1 TITLE				☐ Change	Addition
(6.2 NAME				_ •	
NAME	·	i		ET ADDRESS				ļ
STREET ADDRESS	1							,

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 address with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

(813) 681-3480

Daytime Phone #