


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90204 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000095521

1. Corporation Name

MILLENNIUM ENTERPRISES UNLIMITED, INC.

Principal Place of Business 1202 W. CENTRAL BLVD. STE. G ORLANDO FL 32805	Mailing Address 1202 W. CENTRAL BLVD. STE. G ORLANDO FL 32805
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NOTE: ADDRESS CHANGE BELOW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2699 FORSYTH RD Suite, Apt. #, etc. 22 SUITE 114 City & State 23 ORLANDO, FL Zip Country 24 32807 25 ORANGE		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 FLORIDA Zip Country 29 30		3. Date Incorporated or Qualified 11/12/1998 3545937	4. FEI Number 59-3545937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent DVORES, HARRIS N 200 E. ROBINSON ST. STE. 1250 ORLANDO FL 32801				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 corporation'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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTTER, GARY	1.2 NAME	
STREET ADDRESS	10771 STAINWOOD CR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLERMAN, EARL	2.2 NAME	
STREET ADDRESS	995 SHAFFER TR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIDO FL 32765	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXON, ACEY	3.2 NAME	
STREET ADDRESS	500 NICOLE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLERMAN, ERIC	4.2 NAME	
STREET ADDRESS	9991 TRIPLE CROWN CR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99 407
 425 2655

CR2E034 (1/98)