


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**  
07-13-1999 90002 026 \*\*\*550.00

PROFIT CORPORATION  
ANNUAL REPORT  
**1999**

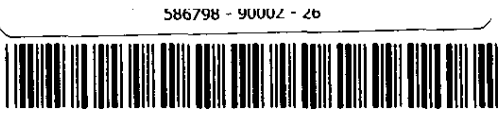


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000100446** ✓  
Corporation Name  
**MILLENNIUM HISTORICAL SOCIETY, INC.**

Principal Place of Business  
**9320 SOUTHWEST 61ST COURT  
MIAMI FL 33156**

Mailing Address  
**9320 SOUTHWEST 61ST COURT  
MIAMI FL 33156**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/02/1998**

4. FEI Number  
**65-0893748**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

26. Mailing Address Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Suite, Apt. #, etc.

30. City & State

31. Zip Country

9. Name and Address of Current Registered Agent  
**SCHIMMEL, LAWRENCE  
9320 SOUTHWEST 61ST COURT  
MIAMI FL 33156**

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

I, 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE **7/1/99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME <b>SCHIMMEL, LAWRENCE M.D.</b> 2. STREET ADDRESS <b>9320 SOUTHWEST 61ST COURT</b> 3. CITY-STATE-ZIP <b>MIAMI FL 33156</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME <b>SCHIMMEL, LAWRENCE M.D.</b> 5. STREET ADDRESS <b>9320 SOUTHWEST 61ST COURT</b> 6. CITY-STATE-ZIP <b>MIAMI FL 33156</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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16. NAME <b>SCHIMMEL, LAWRENCE M.D.</b> 17. STREET ADDRESS <b>9320 SOUTHWEST 61ST COURT</b> 18. CITY-STATE-ZIP <b>MIAMI FL 33156</b>	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** **7/1/99 305-663-0570**

CR2E034 (5/99)