## FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 0.00



DOCUMENT # . Corporation Name MILLENNIUM INDUS	V66523 TRIES, INC.	(4)	
PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS	Mar 03 1998 8:00am Secretary of State

	MEN I # V665 NNIUM INDUSTRIES, IN	<b>,</b> ,			
Principal Plac	ce of Business	Mailing Address			ENE DIDER OFBEN BIBER BODE 1861
6741 W SUNRISE BLVD.		6741 W SUNRISE BLVD			
SUITE 8		SUITE 8			
PLANTATION	FL 33313	PLANTATION FL 33313		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
A 60000	News of Division			09/01/1992	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		65-0353484	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State	<u> </u>	& Electica Commoine Financiae	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	·
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registered	Agent
	JELLER, RICHARD H.		81 Name	· · · · · ·	
6741 W SUNRISE BLVD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 8					
PL	ANTATION FL 33313		83		
			84 City		85 Zip Code
				F	_    '
office or r agent. I a SIGNATURE	egistered agent, or both, in the im familiar with, and accept the Signature, typed or printed name of register	obligations of, Section 607,0505, Flor	s, the above-named con uthorized by the corpora rida Statutes.  Registered Agent signature requ	rporation submits this statement for the purpose ation's board of directors. I hereby accept the apured when reinstating)	or changing its registered pointment as registered
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	nellis, robert W.		1.2 NAME		
STREET ADDRESS	431 MILLER RD		1.3 STREET ADDRESS		
CITY - ST - ZIP	SINKING SPRING PA		1.4 CITY - ST- ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MUELLER, RICHARD H.		2.2 NAME		
STREET ADDRESS	11260 NW 24 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		TT per pag	3.4. CITY - ST - ZIP		
TITLE		☐ DELETÉ	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP		Change 1 44400
NAME		C) OFFEIE	5.1 TILE		☐ Change ☐ Addition
STREET ADDRESS			5.2 AME		
			5.3 TREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		C CHAING
STREET ADDRESS					
GINELI ADDINESS			6.3 STREET ADDRESS		

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 execut 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.