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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90032 049 ***150.00

DOCUMENT	# \	VA	65	23
1. Corporation Name		• •	UU	

MILLENNIUM INDUSTRIES, INC.

Principal Place	cipal Place of Business Mailing Address			(1881) Birgie Birth Grist Suse same the miles) 414 11 81811 418 11 1)1011 G1911 (691		
6741 W SUNRIS	SE BLVD.	6741 W SUNRISE BLVD			Í			
SUITE 8	_	SUITE 8				DO NOT WRITE IN TH	IS SPACE	
PLANTATION FI	L 33313	PLANTATION FL 33313				3. Date Incorporated or Qualifed	O OI AGE	
US		US			l	·		l
0.00	L. C. D. C. D. C.	2- Mailing Address				09/01/1992 4. FEI Number	Δε	plied For
	lace of Business	2a. Mailing Address			ļ			ot Applicable
21	44	Suite, Apt. #, etc.				65-0353484	\$8.75	
Suite, Apt.	#, etc.	— — · · · ·	•		-	5. Certificate of Status Desired	Fee Re	
City & Stat		City & State				6, Election Campaign Financing	\$5.00	·
City & State	e	— ·				Trust Fund Contribution	Added 1	
Zip	Country		Country			8. This corporation owes the current year		7
─ ─ `		<u> </u>	30	,	1	Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre		30 ₁			10. Name and Address of New Registere		
	5. Italile and Address of Cure	ur izodiatoran udarir	81	Name				
MUF	LLER, RICHARD H.							
	I W SUNRISE BLVD		82	Street	t Addres	s (P.O. Box Number is Not Acceptable)		
SUIT			83			<u> </u>		
	NTATION FL 33313							
	(1/1/1011 1 E 000 10		. 84	City		F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	e-named the corp	d corpor	ation submits this statement for the purpose s board of directors. I hereby accept the app	of changing its	registered gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statute:	3.				
SIGNATURE	•							
	Signature, typed or printed name of registered ag-			nt signature	required w	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	NPS IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D	☐ DELETE	1,1 TITLE					
NAME	NELLIS, ROBERT W.		1.2 NAME		. \			ì
STREET ADDRESS	431 MILLER RD		1,3 STREE	T ADDRESS	i			
CITY-ST-ZIP	SINKING SPRING PA		1.4 CITY-5	ST-ZIP	+		☐ Change	Addition
πιε	D	☐ DELETE	. 2.1 TITLE				☐ Cliange	☐ Addition
NAME	MUELLER, RICHARD H.		2.2 NAME					
STREET ADDRESS	11260 NW 24 ST		2.3 STREE	T ADDRESS	3			}
CITY-ST-ZIP	PLANTATION FL		2. 4 CITY-	ST-ZIP	\bot			
TILE		- 🖸 DELETE 🕒	- 3.1 TITLE		Į.		☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3,3 STREE	T ADDRESS	3			ĺ
CITY-ST-ZIP	·		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		1		Change	☐ Addition
NAME			4. 2 NAME		+ =====	and a second	-	
STREET ADDRESS	·		4.3 STREE	T ADDRESS	s			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME		1			
STREET ADDRESS			5.3 STREE	T ADDRESS	3			
CITY-ST-ZIP			5,4 CITY+	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	_	1		Change	☐ Addition
NAME			6.2 NAME				1	
STREET ANDRESS			6.3 STREE	T ADDRESS	s			

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 CTTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Richard H Mueller Cons. Sec.