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May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750117

1. Corporation Name
GENTLE WORLD, INC.

Principal Place of Business 6010 NW 158 ST ALACHUA FL 32615 US	Mailing Address PO BOX 110 PAIA HI 96779-0110 US
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2. Principal Place of Business 21 85A Koho rd Suite, Apt. #, etc. 22 Paia City & State 23 Kula, Hi Zip 24 96790 Country 25 USA	2a. Mailing Address 26 PO Box 110 Suite, Apt. #, etc. 27 City & State 28 Paia, Hi Zip 29 96779 Country 30 USA	3. Date Incorporated or Qualified 12/10/1979	4. FEI Number 59-1999433 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent ROBERT, VOSTREJ JR 7 EAST SILVER SPRINGS BLVD OCALA FL 32670	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD NAME KIRSON, JOAN STREET ADDRESS 6010 NW 158TH ST CITY-ST-ZIP ALACHUA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD 1.2 NAME GIBSON, JENNIFER 1.3 STREET ADDRESS 85A Koho rd 1.4 CITY-ST-ZIP Kula, Hi 96790	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME WALDBAUM, BURTON STREET ADDRESS 6010 NE 158TH ST CITY-ST-ZIP ALACHUA FL	<input type="checkbox"/> DELETE	2.1 TITLE PD 2.2 NAME WALDBAUM, BURTON 2.3 STREET ADDRESS 85 A Koho rd 2.4 CITY-ST-ZIP Kula, Hi 96790	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME WEIL, KEVIN STREET ADDRESS 6010 NW 158TH ST CITY-ST-ZIP ALACHUA FL	<input type="checkbox"/> DELETE	3.1 TITLE TD 3.2 NAME KEVIN WEIL 3.3 STREET ADDRESS 85A Koho rd 3.4 CITY-ST-ZIP Kula Hi 96790	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME WALDBAUM, MERLE STREET ADDRESS 6010 NW 158TH ST CITY-ST-ZIP ALACHUA FL	<input type="checkbox"/> DELETE	4.1 TITLE VD 4.2 NAME WALDBAUM MERLE 4.3 STREET ADDRESS 85 A Koho rd 4.4 CITY-ST-ZIP Kula Hi 96790	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Merle Waldbaum **SIGNATURE REQUIRED** 4/23/99 (802) 878-4008
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)