FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)L85287 ADMIN. 2000, INC. Principal Place of Business Mailing Address **599 HEATHER BRITE CIRCLE** P. O. BOX 915140 N/A APOPKA FL 32712 LONGWOOD FL 32791-5140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/02/1990 2. Principal Place of Business 2a. Mailing Address 21 800 N. SR 434 59-3016199 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing ALYAMONTE Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 Sem 12014 Yes Personal Property Tax due June 30. 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NAULT, JOSEPH A. **509 HEATHER BRITE CIRCLE** Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32712 63

The Lagrange of the

SIGNATURE:

FILED Apr 13 1998 8:00am Secretary of State



Applied For

407-869-0002

Not Applicable

		B4 City	FL 85 Zip Code
11. Pursuant to the provisions of Soctions 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE	Change Addition
NAME	NAULT, JOSEPH	1.2 NAME	
STREET ADDRESS	599 HEATHER BRITE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	V DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NAULT, SHARON A	2.2 NAME	
STREET ADDRESS	599 HEATHER BRITE CIRCLE	2.3 STREET ADDRESS	
CFTY-ST-ZIP	APOPKA FL	2. 4 CITY - ST-ZIP	
TITLE	D DELETE	3.1 TITLE	Change Addition
NAME	ANDERSON, WILLIAM A	3.2 NAME	
STREET ADDRESS	5824 OAKS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUPERIOR WI	3 4. CiTY-ST-ZiP	
TITLE	D DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHNELSON, MEBORAH	4. 2 NAME	
STREET ADDRESS	SCHNETZAM, DEBORAH 4846 High FOREST DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH, 64 30096	4.4 CHTY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME	MARC NAULT	5.2 NAME	
STREET ADDRESS	11841 WINDTREE DRIVE EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSOOVILLY, FL 32357	54 CITY-ST-ZIP	
TITLE	D. DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NAP P. NAU CT	6.2 NAME	
STREET ADDRESS	Dosa & Cty Rd BB	63 STREET ADDRESS	
CITY-ST-ZIP	Fox Boro, Wt 54836	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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.			