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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L85287**

1. Corporation Name

ADMIN. 2000, INC.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90038 015 ***150.00



Dringing Bloom	a of Pusinees	Mailing Address				, 1001101- 001 (\$(2) 21110 1/001 (\$.,	
Principal Place	e or promess	*							
800 N SR 434		P. O. BOX 915140 N/A LONGWOOD FL 32791-5140			ļ				
SUITE 3 LONGWOOD FL 32791-5144 ALTAMONTE SPRINGS FL 32712 US					į	DO NOT WRITE IN THIS SPACE			
US .						3. Date Incorporated or Qualifed			
		•				07/02/1990			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
	DELTONA BLVO SE 201	26 780 DELTONA	ALVO.	Ste	J0 1	59-3016199		N	ot Applicable
Suite, Apt.		26 780 DELTONA. Suite, Apt. #, etc.				- 0 17 - 4 - 4 O A - D - 4 - 4	<u></u>	\$8.75	Additional
22 DELT	_	27 DELTONA, F				5. Certifcate of Status Desired		Fee R	lequired
City & Stat		City & State				6. Election Campaign Financing		\$5.00	May Be
23 377		28 35725	US4		مستقام ن سا ا	Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun			8. This corporation owes the curr	ent year Inta	ngible	
24	25	29 30	n			Personal Property Tax.	-	☐ Yes	No
24]	9. Name and Address of Current		1			10. Name and Address of New F	Registered A	gent	
	or manie and reading of Gallenie	g		81 Na	ne				
NAU	ILT, JOSEPH A.		ļ.						
599 HEATHER BRITE CIRCLE						is (P.O. Box Number is Not Accepta といていのOP DR いら	able)		
APOPKA FL 32712				83		ENTROOL DRIVE			
, ,,,			, i				_		
			ļ.	84 Cit	<u> </u>		CI		Code
					DEBA	7RY	FL	<u> 3</u>	77/3
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statutes,	, the ab	ove-nan	ned corpor ornoration	ation submits this statement for the 's board of directors. I hereby acce	purpose of o	inanging it itment as r	s registered egistered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statu	tes	. 1	,,,	. i L		_
SIGNATURE		WILL SISE	TO#	<i>[-]</i> .	NAUL	+	3/8/9	19	
301770176	Signature, typed or printed name of registered agent			lgent signa	ure required v	rien remataurig)	511.65		000 11/ 40
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P	☐ DELETE	1.1 TITL					Change Change	
NAME	NAULT, JOSEPH		1.2 NAN		0-	- 49 - mar 20 Donalis			
STREET ADDRESS	599 HEATHER BRITE CIRCLE		1.3 STR	REET ADDR		WENTWOOD DRIVE			
CITY-ST-ZIP	APOPKA FL		1.4 CIT	Y-ST-ZIP		EBARY, FC 32713	<u> </u>		
TITLE	V	☐ DELETE	2.1 TITL	Æ		•		Change	Addition
NAME	NAULT, SHARON A		2.2 NA	ME		_			
STREET ADDRESS	TOO LIEATURE REPORT OFFICE		2.3 STF	REET ADDR	ESS 9.5	TWENTWOOD DRIVE			
CITY-ST-ZIP	APOPKA FL			ry-st-zip	ກ	EBANY, FC 32713			
TITLE	n	☐ DELETE	3.1 1111					☐ Change	Addition
NAME	ANDERSON, WILLIAM A		3.2 NAM						الاستنجار الرواع
	5824-OAKS AVE	وعرضاء ربورية للمناوعين وجاديس		REET ADDR	<u> </u>	دي الدار يميد بالربيع ودينيد ينتيد			
_STREET ADDRESS	-JOZ4:UMNJ.AVE-		= 3333B	KECI AUUK	EJJ I				
	I CLIDEDIOD MI								
CITY-ST-ZIP	SUPERIOR WI	□ DELETE	3.4. CIT	Y-ST-ZIP				Tr Channe	☐ Addition
TITLE	D	☐ DELETE	3.4. CIT 4.1 TITL	E		Luciacio De page	• IF	Change	☐ Addition
	D SCHNEZEK, DEBORAH	☐ DELETE	3.4. CIT 4.1 TITL 4. 2 NA	LE ME	Sc	hnetzer DeBoe	AI I	Change	☐ Addition
TITLE	D SCHNEZEK, DEBORAH 4846 HIGH FOREST DR	☐ DELETE	3.4. CIT 4.1 TITL 4. 2 NA 4.3 STF	LE ME REET ADDR	Sc SS	hNETZER DEBOR	AI4	X Change	Addition
TITLE NAME	D SCHNEZEK, DEBORAH		3.4. CIT 4.1 TITL 4. 2 NA 4.3 STF 4.4 CIT	LE ME REET ADDR Y-ST-ZIP	ESS SC Do	hnetzer DeBoer 198 Bunký Way UNWOODY, GA 303	ai4 38		
TITLE NAME STREET ADDRESS	D SCHNEZEK, DEBORAH 4846 HIGH FOREST DR	☐ DELETE	3.4. CIT 4.1 TITL 4.2 NA 4.3 STF 4.4 CIT 5.1 TITL	LE ME REET ADDR Y-ST-ZIP LE	Do	IN 100004, GA 303	ait 38	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEZEK, DEBORAH 4846 HIGH FOREST DR DULUTAH GA 30096		3.4. CIT 4.1 TITL 4. 2 NA 4.3 STF 4.4 CIT	LE ME REET ADDR Y-ST-ZIP LE	Do	hnetzer DeBoer 198 Bunky Way UNWOODY, GA 303 AUNT, MARC	ait 38		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SCHNEZEK, DEBORAH 4846 HIGH FOREST DR DULUTAH GA 30096 D NAUCT, MARC		3.4. CIT 4.1 TITL 4. 2 NAI 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAI	LE ME REET ADDR Y-ST-ZIP LE	Do N	IN 100004, GA 303	A14 38		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D SCHNEZEK, DEBORAH 4846 HIGH FOREST DR DULUTAH GA 30096 D NAUCT, MARC	☐ DELETE	3.4. CIT 4.1 TITL 4. 2 NAI 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAI 5.3 STF	LE ME REET ADDR Y-ST-ZIP LE ME	Do N	IN 100004, GA 303	AH 38	⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SCHNEZEK, DEBORAH 4846 HIGH FOREST DR DULUTAH GA 30096 D NAUCT, MARC 11241 WINDTREE DR E		3.4. CIT 4.1 TITL 4. 2 NAI 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAI 5.3 STF	LE ME REET ADDR Y-ST-ZIP LE ME REET ADDR Y-ST-ZIP	Do N	IN 100004, GA 303	AH 38		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEZEK, DEBORAH 4846 HIGH FOREST DR DULUTAH GA 30096 D NAUCT, MARC 11241 WINDTREE DR E JACKSONVILLE FL 32257	☐ DELETE	3.4. CIT 4.1 TITL 4.2 NA/ 4.3 STF 4.4 CIT 5.1 TITL 5.2 NA/ 5.3 STF 5.4 CIT	LE ME REET ADDR Y-ST-ZIP LE ME REET ADDR Y-ST-ZIP	Do N	IN 100004, GA 303	AH 38	⊠ Change	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FOXBORO WT 54836