


FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90145 012 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N17534					
1. Corporation Name INTERNATIONAL SELF-HELP, INC.					
Principal Place of Business 4926 COQUINA KEY DRIVE, S.E. ST. PETERSBURG FL 33705 US			Mailing Address 4926 COQUINA KEY DRIVE, S.E. ST. PETERSBURG FL 33705 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/27/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2782418	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
DEGROOT, DUDLEY E. 4275 - 34TH STREET, SOUTH, SUITE #148 ST. PETERSBURG FL 33711			81 Name Dudley E. DeGroot 82 Street Address (P.O. Box Number is Not Acceptable) 4926 COQUINA KEY DR. S.E. 83 84 City ST. PETERSBURG FL 85 Zip Code 33705		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	DEGROOT, DUDLEY E.				
STREET ADDRESS	4926 COQUINA KEY DRIVE, S.E.				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	REAMS, HUGH E., JR				
STREET ADDRESS	2910 COLFAX STREET				
CITY-ST-ZIP	EVANSTON IL				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	DEGROOT, DAVID G.				
STREET ADDRESS	ROUTE 2, 176-E				
CITY-ST-ZIP	ROBBINSVILLE, NC.				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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 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: Dudley E. DeGroot 2/27/99 (727) 822 5896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)