FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N32690

1. Corporation Name

Principal Place of Business

PROJECT 2000 INTERNATIONAL, INC.

4270 ALOMA AVE #124 4270 ALOMA AVE #124 SUITE 61-C SUITE 61-C WINTER PARK FL 32792 WINTER PARK FL 32792								
2. Principal P	Principal Place of Business 2a. Mailing Address 26				Date incorporated or Qualifed 06/07/1989	·	· <u></u>	
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		Арр	lied For
22	· · · 27				59-2969685			Applicable
City & Stat	е	City & State			5. Certifcate of Status Desired	1 .	3.75 Ac Fee Req	1
Zip	Country	Zip	Country		6. Election Campaign Financing	\$	5.00 A	May Be
24	. 25	29 30	<u> </u>		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent		10. Name and Address of New f	Registered Agen	<u>t</u>		
			81	Name				
CETRONE, DAN A.			82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
4270 ALOMA AVE., #124			83	ļ				
SUITE 61-C			03					
WINTER PARK FL 32792			84	,		FL 85		
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	13.		ADDITIONS/CHANGES TO OF			
TITLE	D DELETE 1.11		1.1 TITLE	1		LJ	Change	Addition
NAME	CETRONE, DAN		1.2 NAME	2 NAME				
STREET ADDRESS	1210 100101 111C.; X 121		1.3 STREE	TADDRESS				
CITY-ST-ZIP	71011-011-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		1.4 CITY-S	T-ZIP				
TITLE	D □ DELETE 2.1T		2.1 TITLE			Γ)(Change	☐ Addition
NAME	FOSTOFF, ELLEN 221		2.2 NAME	1				1
STREET ADDRESS	TETO TIEOTITE TVELL		2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP	<u> </u>			CT Addison
TITLE	D	☐ DELETE 3.1 T				U,	Change	Addition
NAME	HOGGIETO, MART ANY		3.2 NAME					
STREET ADDRESS	1 -		3.3 STREE	TADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32792		3.4. CITY-5	ST- ZIP		Fa	<u> </u>	C Addition
TITLE		☐ DELETE	4.1 TITLE			IJ'	Change	☐ Addition
NAME	1		4.2 NAME					1
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP				T-ZIP		F	Obsess.	Addition
ΠΤLE						LJ.	Change	☐ Addition
NAME	1		5.2 NAME					{

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 attagment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90070 018 ****61.25

☐ Change

☐ Addition