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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006435

1. Corporation Name
FOCUS ON ISRAEL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2795 SW 14TH CT DEERFIELD BEACH FL 33442-6020 US	2795 SW 14TH CT DEERFIELD BEACH FL 33442-6020 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/12/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0818399 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SIERS, DUANE H
2795 SW 14TH CT
DEERFIELD BEACH FL 33442-6020

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

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: LINDA L SIERS DIRECTOR 4/18/99
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 OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	~~SIERS, DUANE H~~		1.2 NAME	
STREET ADDRESS	~~2795 SW 14TH CT~~		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~DEERFIELD BEACH FL 33442-6020~~		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SIERS, LINDA L		2.2 NAME	
STREET ADDRESS	2795 SW 14TH CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442-6020		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CREASMAN, HERCHEL		3.2 NAME	
STREET ADDRESS	201 N UNIVERSITY DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33077		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCLURE, MICHAEL L		4.2 NAME	
STREET ADDRESS	4004 W LAKE IDA RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445		4.4 CITY-ST-ZIP	
TITLE	~~D~~	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	~~EDMUNDS, JUNE~~		5.2 NAME	
STREET ADDRESS	~~763 APPLETREE LN~~		5.3 STREET ADDRESS	
CITY-ST-ZIP	~~BOCA RATON FL 33486~~		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: SIGNATURE REQUIRED MAY 3, 1999 954-421-2842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LINDA L SIERS DIRECTOR