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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N97000006807

1. Corporation Name
OTHERS INTERNATIONAL, INCORPORATED

* 605486 - 90008 - 33 *

Principal Place of Business	Mailing Address
2300 W. SAMPLE ROAD SUITE 315 POMPANO BEACH FL 33073	2300 W. SAMPLE ROAD SUITE 315 POMPANO BEACH FL 33073

2. Principal Place of Business 21 2758 West Atlantic Blvd. Suite, Apt. #, etc. 22 Suite 29 City & State 23 Pompano Beach, FL Zip 24 33069 Country 25 Broward	2a. Mailing Address 26 2758 W. Atlantic Blvd. Suite, Apt. #, etc. 27 Suite 29 City & State 28 Pompano Beach, FL Zip 29 33069 Country 30 Broward	3. Date Incorporated or Qualifed 12/05/1997 4. FEI Number 52-1960744 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☑ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WIGGINS, SHIRLEY
2300 W. SAMPLE ROAD
SUITE 315
POMPANO BEACH FL 33073

10. Name and Address of New Registered Agent

81 Name Shirley Wiggins
82 Street Address (P.O. Box Number is Not Acceptable) 2758 W. Atlantic Blvd. suite 29
83
84 City Pompano Beach, FL 85 Zip Code 33069

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 Shirley Wiggins 7/13/99
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	P/M	☐ DELETE	1.1 TITLE D	☐ Change ☑ Addition
NAME	WIGGINS, SHIRLEY		1.2 NAME	Gregory Mack Pastor
STREET ADDRESS	4150 N.E. 1 TERRACE		1.3 STREET ADDRESS	6901 N.W. 81st Place
CITY-ST-ZIP	POMPANO BCH FL 33064		1.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	C	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TIMMONS, SHIRLEY		2.2 NAME	
STREET ADDRESS	4391 NW 19TH STREET #270		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, VIVIAN		3.2 NAME	
STREET ADDRESS	545 NW 21ST COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MAGGIE		4.2 NAME	
STREET ADDRESS	916 SW 15TH #3		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HAYNES, CLAUDETTE		5.2 NAME	
STREET ADDRESS	7714 JEWELWEED COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VI 22152		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Melissa Hunt		6.2 NAME	
STREET ADDRESS	8714 N.W. 4th Ave.		6.3 STREET ADDRESS	
CITY-ST-ZIP	Pomp. Bch. FL 33060		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: Shirley Wiggins Shirley Wiggins 7/21/99 (954) 785-2396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)