

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90032 001 ****61.25

DOCUMENT # N98000000028 OK

1. Corporation Name
New Concept Visions 2000, Inc.
4011 N.W. 188 Street
Miami, Florida 33055

Principal Place of Business
4011 N.W. 188 Street
Miami, Florida 33055

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		January 2, 1998	
City & State		City & State		4. FEI Number	
Zip		Zip		31-1588754	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
29		31		6. Election Campaign Financing	
30		32		<input type="checkbox"/> \$5.00 May Be Added to Fees	
31		33		Trust Fund Contribution	
32		34			

9. Name and Address of Current Registered Agent

Edoris Cromartie, Jr.
4011 N.W. 188 Street
Miami, Florida 33055

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: *[Signature]* - Vice-President 03/23/99

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	President	1.1 TITLE	Vice-President
NAME	Robert L. Gilbert	1.2 NAME	Clayton R. Rose
STREET ADDRESS	10670 S.W. 20th Ct.	1.3 STREET ADDRESS	2216 Laurel Oaks Drive
CITY-ST-ZIP	Miramar, Florida 33025	1.4 CITY-ST-ZIP	Valrico, Florida 33596
TITLE	Vice-President	2.1 TITLE	Vice-President
NAME	Edoris cromartie, Jr.	2.2 NAME	Irma L. Rose
STREET ADDRESS	4011 N.W. 188th Street	2.3 STREET ADDRESS	2216 Laurel Oaks Drive
CITY-ST-ZIP	Miami, Florida 33055	2.4 CITY-ST-ZIP	Valrico, Florida 33596
TITLE	Secretary	3.1 TITLE	
NAME	Aleloise H. Cromartie	3.2 NAME	
STREET ADDRESS	4011 N.W. 188th Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33055	3.4 CITY-ST-ZIP	
TITLE	Treasure	4.1 TITLE	
NAME	Gwendolyn Gilbert	4.2 NAME	
STREET ADDRESS	10670 S.W. 20th Ct.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miramar, Florida 33025	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Robert L. Gilbert (President)* 3/23/99 954-442 9919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)