


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90085 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001959					
1. Corporation Name JUST BEGINNING, INC.					
Principal Place of Business 3208 NW 64 STREET COCONUT CREEK FL 33073			Mailing Address 3208 NW 64 STREET COCONUT CREEK FL 33073		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/02/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0827249	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BENZ, MARJORIE 3208 NW 64 STREET COCONUT CREEK FL 33073				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 Marjorie J. Benz, Pres. DATE 1-18-99

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZ, MARJORIE	1.2 NAME	
STREET ADDRESS	3208 NW 64 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCHLEMAN, MERLENE	2.2 NAME	
STREET ADDRESS	626 ELM GROVE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14606	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, PATSY	3.2 NAME	
STREET ADDRESS	918 SE 20 COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWELL, VERNAJEAN T	4.2 NAME	
STREET ADDRESS	529 NE 11 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRONIO, STEPHEN	5.2 NAME	
STREET ADDRESS	8441 NW 29 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Marjorie J. Benz **REQUIRED** 1-18-99 954-425-7782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)