


**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90074 047 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000004296**

1. Corporation Name

MBK HELP HOTLINE, INC.

Principal Place of Business

7667 WEST SAMPLE ROAD, STE. 125  
CORAL SPRINGS FL 33065

Mailing Address

7667 WEST SAMPLE ROAD, STE. 125  
CORAL SPRINGS FL 33065

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0930280	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLERMAN, ROBERT  
 7708 MARGATE BLVD. C8U7  
 MARGATE FL 33063

81 Name Steven Rowitt  
 82 Street Address (P.O. Box Number is Not Acceptable)  
4821 NW 15 ST  
 83  
 84 City Cocoa FL 85 Zip Code 33063

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

Steven Rowitt VP director  
 Signature, typed or printed name of registered agent and title if applicable.

Steven Rowitt  
 (NOTE: Registered Agent signature required when renewing)

1/12/99  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNA, LAWRENCE T	1.2 NAME	
STREET ADDRESS	8233 NW 3 PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33072	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLERMAN, ROBERT	2.2 NAME	Steven Rowitt
STREET ADDRESS	7708 MARGATE BLVD U7	2.3 STREET ADDRESS	4821 NW 15 ST
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	Cocoa Creek, FL 33063
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWERS, PHYLLIS	3.2 NAME	Wayne Donaldson
STREET ADDRESS	7708 MARGATE BLVD. 11-7	3.3 STREET ADDRESS	6581 NW 21 Court
CITY-ST-ZIP	MARGATE FL 33063	3.4 CITY-ST-ZIP	Sumner, FL 33013
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Steven Rowitt  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Rowitt

Date

1/12/99 (954) 957-9165  
Daytime Phone #

CR2E037 (11/98)