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Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000014326 (2)

1. Corporation Name

YOUWEDO TEAM CONCEPTS, INC.

Principal Place of Business

1403 SWANN AVENUE
ORLANDO FL 32809
US

Mailing Address

POB 607310
ORLANDO FL 32860
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 245 NE MAC ARTHUR BLVD		26 245 NE MAC ARTHUR BLVD		12/28/1992	
Suite, Apt. #, etc. #10		Suite, Apt. #, etc. #10		4. FEI Number 65-0432729	
22 City & State STUART, FL		27 City & State STUART, FL		Applied For Not Applicable	
23 Zip 34996 Country USA		28 Zip 34996 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KREBS, GERHARD
1403 SWANN AVENUE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name	KREBS, GERHARD
82 Street Address (P.O. Box Number is Not Acceptable)	245 NE MAC ARTHUR BLVD #10
83	
84 City	STUART, FL
85 Zip Code	FL 34996

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE GERHARD KREBS, PVST

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

04/15/1998

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PVST
NAME	KREBS, GERHARD	1.2 NAME	KREBS, GERHARD
STREET ADDRESS	1403 SWANN AVENUE	1.3 STREET ADDRESS	245 NE MAC ARTHUR BLVD #10
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	STUART, FL 34996
TITLE	V	2.1 TITLE	
NAME	SOMMER, GUENTER	2.2 NAME	
STREET ADDRESS	3756 IDLEBROOK CIR #202	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/1998

561-225-3471

DATE

DAYTIME PHONE #

CR2E034 (10/97)