FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 14 AM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093920 (4)**

1. Corporation Name

SHARE THE WEALTH 2000, INC.

Principal Place of Business	Mailing Address
242 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714	242 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3285549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLAKE, MARK T
550 CROWN OAK CENTRE DR
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: Blake, Mark T.
82 Street Address (P.O. Box Number is Not Acceptable): 921 Douglas Ave. Suite 100
83
84 City: Altamonte Springs FL 85 Zip Code: 32714

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 _____ DATE
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	P	11 TITLE	VP ☐ Change ☒ Addition
NAME	Charles J. Givens III	12 NAME	Bernie Long
STREET ADDRESS	921 Douglas Ave.	13 STREET ADDRESS	242 N. Westmonte Dr.
CITY-ST-ZIP	Altamonte Springs, FL 32714	14 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	S/T/D	21 TITLE	☐ Change ☐ Addition
NAME	Adena Givens	22 NAME	
STREET ADDRESS	242 N Westmonte Drive	23 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs, FL 32714	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	Rob Givens	32 NAME	300001515373
STREET ADDRESS	242 N Westmonte Drive	33 STREET ADDRESS	-06/16/95--01045--025
CITY-ST-ZIP	Altamonte Springs, FL 32714	34 CITY-ST-ZIP	****200.00 ****200.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	300001515373
STREET ADDRESS		53 STREET ADDRESS	-06/16/95--01045--026
CITY-ST-ZIP		54 CITY-ST-ZIP	*****33.75 *****33.75
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: _____ Charles J. Givens III 6/13/95 407-774-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003100 FP