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FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandia B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA6000010280**
1. Corporation Name **FINANCIAL 2000, INC.**

Principal Place of Business Mailing Address
4517 CORK ROAD SAME
PLANT CITY, FL 33565

2. Principal Place of Business 2a. Mailing Address
21 **4517 CORK RD.** 26 **SAME**
22 State Apt. # etc. 27 Suite, Apt. # etc.
23 **PLANT CITY FL** 28 City & State
24 **33565** 25 **USA** 29 Zip 30 Country

3. Date incorporated or Qualified **1/31/96** 3a. Date of Last Report **NA**
4. FEI Number **59-3357396** Applied For Not Applicable
5. Certificate of Status Desired **\$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

10. Name and Address of New Registered Agent
81 Name **WILLIAM R. KLEIN**
82 Street Address (P.O. Box Number is Not Acceptable) **4517 CORK RD.**
83
84 City **PLANT CITY** FL 85 Zip Code **33565**

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 *William R. Klein* (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE
NAME	ROBERT V. CHRISTENSEN
STREET ADDRESS	5412 BURCHETT RD.
CITY-ST-ZIP	TAMPA FL 33647
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM R. KLEIN
1.3 STREET ADDRESS	4517 CORK RD
1.4 CITY-ST-ZIP	PLANT CITY, FL 33565
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002195709
6.3 STREET ADDRESS	-05/30/97--01011--025
6.4 CITY-ST-ZIP	***165.00

14. I do 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 appointment with an address.

SIGNATURE: *William R. Klein* **WILLIAM R. KLEIN** **4/9/97** (813) 752-2129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)