


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 19, 1999 8:00 am
Secretary of State
07-19-1999 90003 036 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051374
1. Corporation Name
FENG SHUI 2000, INC.

Principal Place of Business
**1390 CRYSTAL SHORE COURT
CHARLESTON SC 29412**

Mailing Address
**1390 CRYSTAL SHORE COURT
CHARLESTON SC 29412**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/17/1996

4. FEI Number
65-0685491

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 owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SATORI, BRUNO
275 275 COMMERCIAL BOULEVARD #260
LAUDERDALE BY THE SEA FL 33308
(phone change 375 to 275)

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DENNIS, MARY | 1.2 NAME | |
| STREET ADDRESS | 723 CREEK DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHATTANOOGA TN 37415 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *Mary Dennis* **SIGNATURE REQUIRED** 7/13/99 (974) 301-1153

CR2E034 (5/99)

Sartori CPA, P.A.
Accounting & Consulting

275 Commercial Boulevard, Suite 260
Lauderdale by the Sea, Florida 33308

Phone (954) 351-1154
Fax (954) 351-7760

590180-9003-36
P96000051374

July 13, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, Florida 32302-1500

ref: Annual Report filing for Feng Shui 2000, Inc.
FEI: 65-0685491
Document number:
P96000051374

Dear Sir/Madam:

this letter is pursuant with a telephone inquiry with your office in order to present the following circumstances. I am the registered agent for Feng Shui 2000, Inc. but did not receive the annual report since the address listed on the report is incorrect. (I have made a notation to indicate the change in street number). I prepared an annual report from a blank report and asked Ms. Mary Dennis, President of Feng Shui 2000, to remit it along with her check for \$ 150. However, upon preparation of her quarterly financial statements her check for \$ 150 mailed to you on April 5, 1999 remains outstanding. I attach copy of report filed on 4/5/99.

Our telephone inquiry and this correspondence follow your second request. We have been advised by your office send in a letter of explanation asking that you kindly accept our new check for \$ 150 as the filing fee for 1999. We have acted in good faith and trust that you will accept our check. Please revert to this office if you have any additional questions.

Sincerely,


Bruno Sartori CPA

BS/ms