

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000076456**  
1. Corporation Name  
**BEYOND YEAR 2000, INC.**

Principal Place of Business  
**17740 ESPRIT DRIVE  
TAMPA, FL 33647**

Mailing Address  
**17740 ESPRIT DRIVE  
TAMPA, FL 33647**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>17740 ESPRIT DRIVE</b>		2a. Mailing Address <b>17740 ESPRIT DRIVE</b>		3. Date Incorporated or Qualified <b>9-04-1997</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-3468286</b>	
22. City & State <b>TAMPA, FL</b>		27. City & State <b>TAMPA, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip <b>33647</b>		28. Zip <b>33647</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country <b>USA</b>		29. Country <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERI/LAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134**

81. Name **DOMENIC N. GUALTIERI**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**17740 ESPRIT DRIVE**  
83.   
84. City **TAMPA** FL 85. Zip Code **33647**

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 **DOMENIC N. GUALTIERI** (NOTE: Registered Agent signature required when reinstating) **DOMENIC N. Gualtieri** DATE **9-17-1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GUALTIERI, DOMENIC N.</b>		1.2 NAME <b>GUALTIERI, DOMENIC N.</b>	
STREET ADDRESS <b>5434 SADDLEBROOK WAY, STE 2</b>		1.3 STREET ADDRESS <b>17740 ESPRIT DRIVE</b>	
CITY-ST-ZIP <b>WESLEY CHAPEL, FL 33543</b>		1.4 CITY-ST-ZIP <b>TAMPA, FL 33647</b>	
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 <b>100002660931</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>-10/09/98--01085--042</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>***150.00</b>	
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 if changed, or on an attachment with an address.

SIGNATURE: **DOMENIC N. GUALTIERI** **DOMENIC N. Gualtieri** **9-17-1998**  
**813-301-8891**

CR2E034 (5/98)

# **Beyond Year 2000, Inc.**

*Where the science of technology is an art!!*

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October 4, 1998

Annual Reports Filing  
Division of Corporations  
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Tallahassee, FL 32314

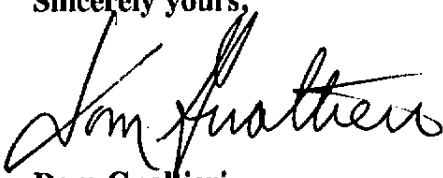
To whom it may concern:

As explained on the telephone a few weeks ago, my Subchapter S Corporation was formed last September 4, 1997. I am a one man company and I worked out of my apartment in Wesley Chapel, Florida.

Within a few months I moved to a different location (above address) in Tampa, Florida; and somewhere in the transition I had never received the correspondence regarding completion of the Annual Report.

Thank you for sending me the Profit Corporation Annual Report. I have completed it and I am enclosing it together with my check for \$150.00 per our discussion.

Sincerely yours,



Dom Guattieri  
Principal Consultant