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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000092179 (5)

FILED
May 20 1998 8:00am
Secretary of State

H2000 CORP. Mailing Address Principal Place of Business 7618 PISSARO DRIVE 7618 PISSARO DRIVE SUITE 202 ORLANDO FL 32619 SUITE 202 DO NOT WRITE IN THIS SPACE ORLANDO FL 32819 3. Date Incorporated or Qualified 10/27/1997 2, Principal Place of Business 2a. Mailing Address ✓ Applied For 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROSENBERG, S. FENWICK ESQ. 1941 ALOMA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) #212 83 WINTER PARK FL 32792 84 City 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: typed or printed name of negistered agent and titu if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 THLE Change TITLE HERONETZ NAME 1.2 NAME 1950 EAST ADAMS DEIVE STREET ADDRESS 1.3 STREET ADDRESS FL 32751 CITY-ST-ZIP 1.4 C| 1 Y - ST - ZIP AITLAND DELETE Change Addition TITLE 2.1 TITLE Jeneral Manager VALERIE LUCAS 7618 PISSARRO DRIVE, #202 NAME 2.2 NAME STREET ADDRESS 2.3 STHEET ADDRESS FL 32819 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE CUVÉ VUELAND BODDY MILLAND HOUSE, BREACH LANE SHAFTESBURY, DOESET, UK NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Addition TITLE 61 TITLE 400002533544 -05/22/93--01073--039 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS ***158.75 CITY-ST-ZIP

14. Thereby 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 of Chapter 607, Florida Statutes; and that my name appears in

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