

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 11 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 # P97000102839 (2)**  
1. Corporation Name  
**MODEL 2000\*, INC.**



Principal Place of Business <b>6194 NORTH FEDERAL HIGHWAY BOCA RATON FL 33487</b>	Mailing Address <b>6194 NORTH FEDERAL HIGHWAY BOCA RATON FL 33487</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 4844 W. GANDY BL.</b>		2a. Mailing Address <b>26 SAME</b>		3. Date Incorporated or Qualified <b>12/08/1997</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>65-0798342</b>	
23 City & State <b>TAMPA, FLA.</b>		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>33611</b>		25 Country <b>U.S.A.</b>		29 Zip	
		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**COLEMAN, ANTHONY G JR  
6194 NORTH FEDERAL HIGHWAY  
BOCA RATON FL 33487**

**10. Name and Address of New Registered Agent**

81 Name <b>SUSAN LACY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4844 W. GANDY BL.</b>
83
84 City <b>TAMPA</b>
85 Zip Code <b>FL 33611</b>

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 **SUSAN LACY** *Susan Lacy* **4/29/98**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	NAME <b>COLEMAN, ANTHONY G JR</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>6194 NORTH FEDERAL HIGHWAY</b>	CITY-ST-ZIP <b>BOCA RATON FL 33487</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>D</b>	NAME <b>SUSAN LACY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1.3 STREET ADDRESS <b>4844 W. GANDY BL.</b>	
1.4 CITY-ST-ZIP <b>TAMPA, FL 33611</b>	2.1 TITLE <b>VP</b>	
2.1 TITLE	2.2 NAME <b>NANCY SNIFFEN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.3 STREET ADDRESS <b>4844 W. GANDY BL.</b>	2.4 CITY-ST-ZIP <b>TAMPA, FL 33611</b>	
3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	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 *Susan Lacy* **4/29/98** 813-827-5700

CR2E034 (10/97)