

DOCUMENT # P98000029440	
1. Entity Name FORTUNE 2000 MANAGEMENT, INC.	

Principal Place of Business 4901 TAMiami TRAIL N. NAPLES FL 34103	Mailing Address 4901 TAMiami TRAIL N. NAPLES FL 34103
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
U.S. INVESTOR SERVICES, INC. 4901 TAMiami TRAIL NORTH NAPLES FL 34103-3010	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	ROTERMUND, ULLI
STREET ADDRESS	4001 TAMiami TR N, STE 265
CITY-ST-ZIP	NAPLES FL 34103
TITLE	VSD <input type="checkbox"/> Delete
NAME	HINRICHSSEN ROTERMUND, JUTTA
STREET ADDRESS	4001 TAMiami TR N, STE 265
CITY-ST-ZIP	NAPLES FL 34103
TITLE	VSP <input type="checkbox"/> Delete
NAME	HANSEN, GERD
STREET ADDRESS	4001 TAMiami TRAIL N., #265
CITY-ST-ZIP	NAPLES FL 34103
TITLE	VSP <input type="checkbox"/> Delete
NAME	FILTHAUT, RAINER
STREET ADDRESS	4001 TAMiami TRAIL N., #265
CITY-ST-ZIP	NAPLES FL 34103
TITLE	VSP <input type="checkbox"/> Delete
NAME	ORTHMANN, RICHARD
STREET ADDRESS	4001 TAMiami TRAIL N., #265
CITY-ST-ZIP	NAPLES FL 34103
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rotermund, Ulli
STREET ADDRESS	4901 Tamiami Trail North
CITY-ST-ZIP	Naples, FL 34103
TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hinrichsen Rotermund, Jutta
STREET ADDRESS	4901 Tamiami Trail North
CITY-ST-ZIP	Naples, FL 34103
TITLE	VSP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hansen, Gerd
STREET ADDRESS	4901 Tamiami Trail North
CITY-ST-ZIP	Naples, FL 34103
TITLE	VSP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Filthaut, Rainer
STREET ADDRESS	4901 Tamiami Trail Noth
CITY-ST-ZIP	Naples, FL 34103
TITLE	VSP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Orthmann, Richard
STREET ADDRESS	4901 Tamiami Trail North
CITY-ST-ZIP	Naples, FL 34103
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	R. Filthaut	9-1-01	941-213-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90040 037 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)