

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90096 013 ***163.75

DOCUMENT # P98000043263

1. Corporation Name
TE 2000, INC.

Principal Place of Business
205 E CENTRAL BLVD. SUITE 304
ORLANDO FL 32801

Mailing Address
205 E CENTRAL BLVD. SUITE 304
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1998

4. FEI Number

59-351 7834

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 224 ROYAL PALM DRIVE

Suite, Apt. #, etc.

22

City & State

23 FORT LAUDERDALE, FLORIDA

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 224 ROYAL PALM DRIVE

Suite, Apt. #, etc.

27

City & State

28 FORT LAUDERDALE, FLORIDA

Zip

29 33301

Country

30 USA

9. Name and Address of Current Registered Agent

NISI, FRANK P JR
205 E CENTRAL BLVD, SUITE 304
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

NISI, FRANK P JR

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

918 ORANGE AVE, Ste B

83

84 City

Winter Park

FL

85 Zip Code

32789

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

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 D ☐ DELETE

NAME VOYATZOGLOU, THEODOSIOS

STREET ADDRESS 1342 E VINE ST #399

CITY-ST-ZIP KISSIMMEE FL 34744

TITLE D ☐ DELETE

NAME SEEFRIED, EDWARD B

STREET ADDRESS 1342 E VINE ST #399

CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME VOYATZOGLOU, THEODOSIOS

1.3 STREET ADDRESS 224 ROYAL PALM DRIVE

1.4 CITY-ST-ZIP FORT LAUDERDALE FL 33301

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME SEEFRIED, EDWARD B.

2.3 STREET ADDRESS 2735 RED FOX ROAD

2.4 CITY-ST-ZIP ORANGE PARK FL 32073

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/1999

Date

(954) 383-1321

Daytime Phone #

CR2E034 (11/98)

0090634