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

DOCUMENT # P98000058776

FOUNDATION 2000 INT'L, INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90067 025 ***150.00



Principal Place of Business Mailing Address						((
27933 MICHIGAN BONITA SPRING		27933 MICHIGAN ST BONITA SPRINGS FL 33923				DO NOT WRITE IN THIS	S SPACE		
						3. Date Incorporated or Qualifed			
						07/01/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Appli	ed For
						65-0849795	Not Applicable		
Suite, Apt. 3	Suite, Apt. #, etc.	Apt. #, etc.				\$8.7	5 Ad	ditional	
22 27						5. Certifcate of Status Desired		e Requ	
City & State City & State			ate			6. Election Campaign Financing S5.00 May Be			
23	28				Trust Fund Contribution Added to Fees				
Zip				ntry		8. This corporation owes the current year Intangible			
24	25 29 30			Personal Property Tax.			☐ Yes ☐ No		
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered	Agent		
				81	Name				
PAUL, RONALD				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	3 MICHIGAN ST					,			
BON	ITA SPRINGS FL 33923			83					
				84	City		85	Zip Co	ode
					-	<u>F</u> [<u>- 1</u>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heret agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							f changin sintment a	g its re is regis	egistered stered
SIGNATURE									
	Signature, typed or printed name of registered agen		- -	Agent	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIPE	CTOP	S IN 12
12.			13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	☐ Cha	******	Addition
TITLE				•				•	
NAME	1766, 1101416			1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	2,000								
CITY-ST-ZIP				1.4 CITY-ST-ZIP			☐ Cha	nge	Addition
TITLE				2.1 TITLÉ				,,,,,,	
NAME	CEMICON, COOCIO			2.2 NAME					
STREET ADDRESS	27933 MICHIGAN ST			2.3 STREET ADDRESS					
CITY-ST-ZIP	BONITA-SPRINGS-FL-33923			2.4 CITY-ST-ZIP			☐ Cha	nne	Addition
TITLE	☐ DELETE		3.1 TI				_ 5.16	-	
NAME			3.2 N/						
STREET ADDRESS					ADDRESS				1
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TITLE		☐ DELETE	4,1 11				L_ Cria	inge	C Addition
NAME			4, 2 N	IAME					
STREET ADDRESS			4.3 ST	TREET	ADDRESS				
CITY-ST-ZIP				TY-ST	-ZIP		☐ Cha	000	Addition
TITLE		☐ DELETE 5.1					cna	ye	☐ \doinon
NAME			5.2 N/		*DDDCCC				
STREET ADDRESS				•	ADDRESS				
CITY-ST-ZIP				TY-ST	-ZIP		[7 Ch	000	Addition
TITLE		☐ DELETE	6.1 TI				Cha	nye	☐ Madillott
NAME			6.2 N					*	ſ
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CI	ITY-ST	- ZIP				

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: