

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90004 026 ***150.00

0013708

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000074852
 1. Corporation Name
EFFECTIVE PREVENTION USA, INC.



Principal Place of Business 300 GOLF BROOK CIRCLE.UNIT108 LONGWOOD FL 32779	Mailing Address 300 GOLF BROOK CIRCLE.UNIT108 LONGWOOD FL 32779
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 300 GOLF BROOK CIR.		2a. Mailing Address 26 300 GOLF BROOK CIR.		3. Date Incorporated or Qualified 08/19/1998	
Suite, Apt. #, etc. 22 UNIT #108		Suite, Apt. #, etc. 27 UNIT #108		4. FEI Number 593575751	
City & State 23 LONGWOOD, FL		City & State 28 LONGWOOD, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32779		Zip 29 32779		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
TAYLOR, JANICE
300 GOLF BROOK CIRCLE.UNIT108
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
 81 Name **JANICE TAYLOR**
 82 Street Address (P.O. Box Number is Not Acceptable) **300 GOLF BROOK CIR.**
 83 **UNIT #108**
 84 City **LONGWOOD** FL 85 Zip Code **32779**

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 *Janice Taylor* DATE **July 3 '99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JANICE TAYLOR	
STREET ADDRESS	300 GOLF BROOK CIR. UNIT #108	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Janice Taylor* DATE: **July 3, 1999** (407) 788-8105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

EFFECTIVE PREVENTION

USA, INC.

pg 8000074852
588592-90004-26

300 Golf Brook Circle, Unit #108, Longwood Florida 32779 Phone: (407) 788-8105 Fax: (407) 788-8819
Email epusa@prodigy.net

3 July 1999

Division of Corporation
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

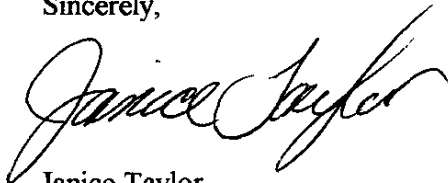
Re: Annual Report Filing

Effective Prevention USA, Inc. was formed in August of 1998, however, it has done no business as of yet. This corporation was formed to do business with Respect of Florida and NISH. Both are none profit organizations employing the severely disabled and handicapped, designed to do business with the State and Federal Governments respectively. Effective Prevention USA, Inc. has spent the time since August of 1998 in various different committee meetings, filing forms, doing market research studies, etc., attempting to qualify its product and business under the Respect and NISH criteria. We have been informed that some time in July of 1999, we will meet the appropriate guidelines, enabling us to finally do business with NISH and hopefully by September of 1999, we will be qualified to begin our business opportunity with Respect of Florida.

Therefore, as per my phone conversation with your office, I enclose the \$150.00 fee for the filing of the annual report, anticipating business to begin shortly, and will file the appropriate documentation as required, on a quarterly basis as we progress.

Should you have any questions, please feel free to contact me at the above phone number.

Sincerely,



Janice Taylor
President