


FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90028 037 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000076512 <i>VoK</i> 1. Corporation Name EMPOWERING FOR SUCCESS, INC. | | | | | |
| Principal Place of Business | | | Mailing Address | | |
| TERESA R. JONES 1911 GLEN MEADOWS CIR. MELBOURNE, FL. 32935 US | | | TERESA R. JONES 1911 GLEN MEADOWS CIR. MELBOURNE, FL. 32935 US | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business | | | 3. Date Incorporated or Qualified | | |
| 21 Suite, Apt. #, etc. | | | 08/31/1998 | | |
| 22 City & State | | | 4. FEI Number | | |
| 23 Zip | | | 59-3535667 | | |
| 24 Country | | | 5. Certificate of Status Desired | | |
| 25 | | | 6. Election Campaign Financing | | |
| 26 | | | 7. Trust Fund Contribution | | |
| 27 | | | 8. This corporation owes the current year intangible | | |
| 28 | | | Personal Property Tax. | | |
| 29 | | | 9. Name and Address of Current Registered Agent | | |
| 30 | | | 10. Name and Address of New Registered Agent | | |
| 31 | | | 81 Name | | |
| 32 | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 33 | | | 83 | | |
| 34 | | | 84 City | | |
| 35 | | | 85 Zip Code | | |
| 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 <i>Allen L. Miller</i> DATE <i>4-28-99</i> <small>Signature of principal or officer of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 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. | | | | | |

CR2E034 (1/98)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #