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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000078293

Country

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

BARTLETT HOME BUSINESSES, INC.

Principal Place of Business	Mailing Address	
3710 NEPTUNE DRIVE ORLANDO FL 328 0 4	3710 NEPTUNE DRIVE ORLANDO FL 32804	

26

27

28

Zip

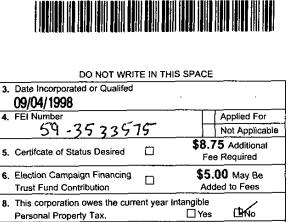
2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90018 045 ***150.00



30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BARTLETT, HAMILTON 82 Street Address (P.O. Box Number is Not Acceptable) 3710 NEPTUNE DRIVE ORLANDO FL 32804 83 Zip Code 84 City FL

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.

Country

SIGNATURE	Signature, typed or printed name of registered agent and i	itle if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE	
2.	OFFICERS AND DI			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ITLE	D	☐ DELETE	1.1 TITLE	Change	Addition
	BARTLETT, HAMILTON		1.2 NAME		
TREET ADDRESS	3710 NEPTUNE DRIVE		1.3 STREET ADDRESS		
- ST-ZIP	ORLANDO FL 32804		1.4 CITY-ST-ZIP		
IILE	D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
	BARTLETT, ANNE L		2.2 NAME		-
·I ADDRESS	3710 NEPTUNE DRIVE		2.3 STREET ADORESS	·	
	ORLANDO FL 32804		2. 4 CITY-ST-ZIP		
IILE		DELETE	3.1 TITLE	☐ Change	Addition Addition
-			3.2 NAME		
···I ADDRESS			3.3 STREET ADDRESS		•
· ST-ZIP			3.4. CITY- ST-ZIP		
		☐ DELETE	4.1 TITLE	☐ Change	Addition
			4. 2 NAME		
·-·· _ I AODRESS			4.3 STREET ADDRESS		
ST ZIP			4.4 CITY-ST-ZIP		<u> </u>
ĺ		☐ DELETE	5.1 TITLE	□ Change	☐ Addition
_			5.2 NAME		
····· I ADDRESS			5.3 STREET ADDRESS		
ST-ZIP			5.4 CITY-ST-ZIP		
		DELETE	6.1 TITLE	☐ Change	Addition Addition
l			6.2 NAME		
I ADDRESS			6.3 STREET ADDRESS		
ST-ZIP			6.4 CITY-ST-ZIP		

. 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 of fustee 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 all attachment with an address, with all other like empowered.