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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90148 027 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katharine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000087417

1. Corporation Name  
**WEB 2000, INC.**



Principal Place of Business: 908 SOUTH FLORIDA AVENUE, SUITE 102, COLONIAL BUILDING, LAKELAND FL 33803

Mailing Address: 908 SOUTH FLORIDA AVENUE, SUITE 102, COLONIAL BUILDING, LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21

2a. Mailing Address: 26

Suite, Apt. #, etc.: 22

City & State: 23

Zip: 24 Country: 25

Zip: 29 Country: 30

3. Date Incorporated or Qualified: 10/07/1998

4. FEI Number: 59-3538202 Applied For: No, Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes  No

9. Name and Address of Current Registered Agent: ARTMAN, STEPHEN H, 908 SOUTH FLORIDA AVENUE, SUITE 102, COLONIAL BUILDING, LAKELAND FL 33803

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                                |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|-------------------|---|--|
| TITLE: D  | ARTMAN, STEPHEN H | 1.1 TITLE: President                                  |  |
| STREET ADDRESS: 908 S. FL. AVE., STE. 102, COLONIAL BLDG. |                   | 1.2 NAME:   |  |
| CITY-ST-ZIP: LAKELAND FL 33803                            |                   | 1.3 STREET ADDRESS:                                   |  |
| TITLE: <del>Step Warren Director</del>                    |                   | 1.4 CITY-ST-ZIP:                                      |  |
| NAME: <del>Marrean Warren</del>                           |                   | 2.1 TITLE:  |  |
| STREET ADDRESS: <del>5165 Harrell's Nursery Road</del>    |                   | 2.2 NAME:   |  |
| CITY-ST-ZIP: <del>Lakeland, FL 33813</del>                |                   | 2.3 STREET ADDRESS:                                   |  |
| TITLE:  |                   | 2.4 CITY-ST-ZIP:                                      |  |
| NAME:   |                   | 3.1 TITLE:  |  |
| STREET ADDRESS:   |                   | 3.2 NAME:   |  |
| CITY-ST-ZIP:  |                   | 3.3 STREET ADDRESS:                                   |  |
| TITLE:  |                   | 3.4 CITY-ST-ZIP:                                      |  |
| NAME:   |                   | 4.1 TITLE: Vice-President                             |  |
| STREET ADDRESS:   |                   | 4.2 NAME: Michael Tew                                 |  |
| CITY-ST-ZIP:  |                   | 4.3 STREET ADDRESS: 4519 Selkirk Lane                 |  |
| TITLE:  |                   | 4.4 CITY-ST-ZIP: Lakeland, FL 33813                   |  |
| NAME:   |                   | 5.1 TITLE: Secretary-Treasurer/Director               |  |
| STREET ADDRESS:   |                   | 5.2 NAME: Marrean Warren                              |  |
| CITY-ST-ZIP:  |                   | 5.3 STREET ADDRESS: 5165 Harrell's Nursery Road       |  |
| TITLE:  |                   | 5.4 CITY-ST-ZIP: Lakeland, FL 33813                   |  |
| NAME:   |                   | 6.1 TITLE:  |  |
| STREET ADDRESS:   |                   | 6.2 NAME:   |  |
| CITY-ST-ZIP:  |                   | 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 another like empowered.

SIGNATURE:  DATE: 4-26-99 TIMEPHONE: 941-688-5252

CR2E034 (11/98)