90080-047-$150.00-$150.00

PROFIT
CORPORATION
ANNUAL REPORT
**1999**

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

# DOCUMENT # P98000098572

1. Corporation Name

**Y2K PRODUCTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4910 14 STREET WEST SUITE 308 BRADENTON FL 34207 | 4910 14 STREET WEST SUITE 308 BRADENTON FL 34207 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
**11/24/1998**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 | Zip 29 | Country 30 |

4. FEI Number  65 - 0879068        Applied For / Not Applicable

5. Certifcate of Status Desired ☐   $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐   $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**

AMERILAWYER
342 ALHAMBRIA AVENUE
CORAL GABLES FL 33134

**10. Name and Address of New Registered Agent**

| 81 | Name | |
|---|---|---|
| 82 | Street Ad~ | Elizabeth A Miller |
| 83 | | P.O. Box 25332  3737 BAHIA VISTA |
| 84 | City | Sarasota, Florida 34277-2332  34232    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  *Elizabeth A Miller*   Elizabeth A. Miller   03/29/99
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 PSTD | ☐ DELETE | 1.1 TITLE | ☐ Change  ☐ Addition |
| NAME BERGMAN, DERRICK | | 1.2 NAME | |
| STREET ADDRESS 4910 14 STREET WEST | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP BRADENTON FL 34207 | | 1.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change  ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change  ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change  ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change  ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change  ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 all other like empowered.

SIGNATURE:  *Derrick Bergman*   DERRICK BERGMAN   03/29/99   941-78-7893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)