

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092179 (5)
1. Corporation Name
H2000 CORP.



Principal Place of Business Mailing Address
7618 PISSARO DRIVE
SUITE 202
ORLANDO FL 32819
7618 PISSARO DRIVE
SUITE 202
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	☒ Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROSENBERG, S. FENWICK ESQ. 1941 ALOMA AVE. #212 WINTER PARK FL 32792		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE PEROVETZ	1.2 NAME	
STREET ADDRESS	1930 EAST ADAMS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAITLAND FL 32751	1.4 CITY-ST-ZIP	
TITLE	GENERAL MANAGER ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VALERIE LUCAS	2.2 NAME	
STREET ADDRESS	7618 PISSARO DRIVE, #202	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	
TITLE	CFO ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CUNE VURLAND BODDY	3.2 NAME	
STREET ADDRESS	MILLAND HOUSE, BREACH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHAFESBURY, DORSET, UK.	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.

SIGNATURE: VALERIE LUCAS 4/20/98 407 352 6505

CR2E034 (10/97)