


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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003135 (8)**

1. Corporation Name  
**WORLDWIDE CONCEPTS IN SIGHT, INC.**



Principal Place of Business <b>1842 SE FIRST ST.                  DEERFIELD BEACH FL 33441</b>	Mailing Address <b>1842 SE FIRST ST.                  DEERFIELD BEACH FL 33441-4528</b>
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3. Date Incorporated or Qualified <b>06/20/1996</b>	3a. Date of Last Report <b>None</b>
4. FEI Number <b>58-2154316</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>11211 Lakeview Dr</b>	2a. Mailing Address 26 <b>934 N. University Dr</b>
Suite, Apt. #, etc. 22 <del>Ste 208</del>	Suite, Apt. #, etc. 27 <b>Ste 208</b>
City & State 23 <b>CORAL SPRINGS, FL</b>	City & State 28 <b>CORAL SPRINGS, FL</b>
Zip 24 <b>33071</b>	Country 25 <b>USA</b>
Zip 29 <b>33071</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent

**GOLDENBERG, PETER**  
**1842 SE FIRST ST.**  
**DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name <b>Peter Goldenberg</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>934 N. University Dr., Ste 208</b>
83
84 City <b>CORAL SPRINGS</b>
85 Zip Code <b>FL 33071</b>

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: Peter Goldenberg DATE: 4/29/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<input type="checkbox"/> DELETE
NAME <b>GOLDENBERG, PETER</b>	
STREET ADDRESS <b>1842 SE FIRST ST.</b>	
CITY - ST - ZIP <b>DEERFIELD BEACH FL 33441</b>	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LAMPERELLI, KABLEN</b>	
STREET ADDRESS <b>1842 SE FIRST ST.</b>	
CITY - ST - ZIP <b>DEERFIELD BEACH FL 33441</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ANDERSEN, JON L</b>	
STREET ADDRESS <b>303 PEACHTREE ST., NE, STE. 4300</b>	
CITY - ST - ZIP <b>ATLANTA GA 30308</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>President / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Peter Goldenberg</b>	
1.3 STREET ADDRESS <b>934 N. University Dr Ste 208</b>	
1.4 CITY - ST - ZIP <b>CORAL SPRINGS, FL 33071</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 by an attachment with an address.

SIGNATURE: Peter Goldenberg DATE: 4/29/97 DAYTIME PHONE #: 954-753-2527  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)