

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

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000004461 (6)**

1. Corporation Name  
**ANNICOTT WORLDWIDE ENTERPRISES, INC.**



Principal Place of Business <del>3032 E. LELAND ST. MESA AZ 85213</del> <b>1655 E. UNIVERSITY DR #250 85203</b>	Mailing Address <del>3032 E. LELAND ST. MESA AZ 85213</del> <b>1655 E. UNIVERSITY #250 85203</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>08/25/1987 1996</b>	
<b>4.</b> FEI Number <b>88-0350503</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of the person named as registered agent and officer, if applicable. (NOTE: Registered Agent signature required when reinstating.)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BURKE, LUCINDA</b>	
STREET ADDRESS	<b>3032 E. LELAND ST.</b>	
CITY-ST-ZIP	<b>MESA AZ 85213</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>MITHANI, ROBERT</b>	
STREET ADDRESS	<b>3032 E. LELAND ST.</b>	
CITY-ST-ZIP	<b>MESA AZ 85213</b>	
TITLE	<b>DCO</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, CRAIG</b>	
STREET ADDRESS	<b>3032 E. LELAND ST.</b>	
CITY-ST-ZIP	<b>MESA AZ 85213</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PENA, DANIEL S SR</b>	
STREET ADDRESS	<b>3032 E. LELAND ST.</b>	
CITY-ST-ZIP	<b>MESA AZ 85213</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CAREY, HUGH</b>	
STREET ADDRESS	<b>3032 E. LELAND ST.</b>	
CITY-ST-ZIP	<b>MESA AZ 85213</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ORMAND, JERRY</b>	
STREET ADDRESS	<b>3032 E. LELAND ST.</b>	
CITY-ST-ZIP	<b>MESA AZ 85213</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	<b>1655 E. UNIVERSITY #250</b>
<b>1.4</b> CITY-ST-ZIP	<b>MESA AZ 85203</b>
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	<b>1655 E. UNIVERSITY #250</b>
<b>2.4</b> CITY-ST-ZIP	<b>MESA AZ 85203</b>
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	<b>1655 E. UNIVERSITY DR #250</b>
<b>3.4</b> CITY-ST-ZIP	<b>MESA AZ 85203</b>
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	<b>1655 E. UNIVERSITY #250</b>
<b>4.4</b> CITY-ST-ZIP	<b>MESA AZ 85203</b>
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	<b>1655 E. UNIVERSITY DR #250</b>
<b>5.4</b> CITY-ST-ZIP	<b>MESA AZ 85203</b>
<b>6.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	<b>1655 E UNIVERSITY DR #250</b>
<b>6.4</b> CITY-ST-ZIP	<b>MESA AZ 85203</b>

**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 affidavit with an address.

CR2E004 (10/97)