

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 OCT 15 PM 2:05

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # F97000004461
 1. Corporation Name
 ANNICOTT WORLDWIDE ENTERPRISES, INC.



Principal Place of Business: 1655 E UNIVERSITY DRIVE, #250, MESA AZ 85203, US
 Mailing Address: 1655 E UNIVERSITY DR, #250, MESA AZ 85203, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 9799 Old St. Augustine Rd, Jacksonville, FL 32257, USA
 2a. Mailing Address: SAME
 4. FEI Number: 88-0350503
 5. Certificate of Status Desired: **NO** Applied For: Not Applicable
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property: Yes 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: 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	PD	1.1 TITLE	D
NAME	BURKE, LUCINDA	1.2 NAME	ALVAREZ, JOSE A.
STREET ADDRESS	1655 E UNIVERSITY #250	1.3 STREET ADDRESS	503 BARNES DR.
CITY-ST-ZIP	MESA AZ 85203	1.4 CITY-ST-ZIP	BRANDON, FL. 33511
TITLE	ST	2.1 TITLE	
NAME	MITHANI, ROBERT	2.2 NAME	
STREET ADDRESS	1655 E UNIVERSITY #250	2.3 STREET ADDRESS	
CITY-ST-ZIP	MESA AZ 85203	2.4 CITY-ST-ZIP	700003021767--6
TITLE	DCO	3.1 TITLE	-10/22/99--01012--023
NAME	WHITE, CRAIG	3.2 NAME	***550.00 ***550.00
STREET ADDRESS	1655 E UNIVERSITY #250	3.3 STREET ADDRESS	
CITY-ST-ZIP	MESA AZ 85203	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PENA, DANIEL S SR	4.2 NAME	
STREET ADDRESS	1655 E UNIVERSITY, #250	4.3 STREET ADDRESS	
CITY-ST-ZIP	MESA AZ 85203	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CAREY, HUGH	5.2 NAME	
STREET ADDRESS	1655 E UNIVERSITY DR, #250	5.3 STREET ADDRESS	
CITY-ST-ZIP	MESA AZ 85203	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ORMOND, JERRY	6.2 NAME	
STREET ADDRESS	1655 E UNIVERSITY DR, #250	6.3 STREET ADDRESS	
CITY-ST-ZIP	MESA AZ 85203	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, trustee, assignee, or liquidator of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 8/26/99 (RLJ) DAYTIME PHONE # _____

CR2E034 (5/99)