

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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**95 APR 27 AM 11:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # H87441 (2)**

**1. Corporation Name  
WORLDWIDE PUBLICATIONS NO. 1, INC.**

**Principal Place of Business Mailing Address  
2020 SCOTT ST 2020 SCOTT ST  
HOLLYWOOD FL 33020-9417 HOLLYWOOD FL 33020-9417**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 12/02/1985** **3a. Date of Last Report 02/25/1994**  
**4. FEI Number 59-2611035** **Applied For Not Applicable**  
**5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes**  **Yes**  **No**

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

**9. Name and Address of Current Registered Agent** **10. Name and Address of New Registered Agent**  
**BIRKENWALD, RICHARD** **81 Name**  
**2020 N.E. 163RD STREET, SUITE 101** **82 Street Address (P.O. Box Number is Not Acceptable)**  
**NORTH MIAMI BEACH FL 33182** **83**  
**84 City** **FL** **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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>PRO</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CHARTRAND, DENYSE</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>1611 MOFFETT STREET</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>HOLLYWOOD FL</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>VT</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LAURAC, JEAN THOMAS</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>1611 MOFFETT STREET</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>HOLLYWOOD FL</b>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>S</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CHARTRAND, DENYSE</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>1611 MOFFETT STREET</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>HOLLYWOOD FL</b>	<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 and 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.**

**SIGNATURE: Denise Chartrand PRES** **2/12/95** **305-963-4510**  
Signature, typed or printed name of signing officer or director Date Telephone Number