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

PROFIT CORPORATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jan 30 1998 8:00am

ANNU	JAL REPORT	Secret	ary of State	Corretery	f Ctata
	1998	DIVISION OF	CORPORATIONS	Secretary o	1 State
DOCU!	MENT # H9474	1 (6)			
WORLE	D PRODUCTS LEASING CO				
Principal Place	e of Business	Mailing Address			1866 B1846 81861 B1819 B1836 6881
9850 ATLANT		9850 ATLANTIC BLVD.	•-		
JACKSONVILI	LE FL 32225	JACKSONVILLE FL 322	25	DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	<u> </u>
				01/20/1986	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		59-2614949	\$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23	1 2	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30	 This corporation owes or has paid the c Personal Property Tax due June 30. 	urrent year Intangible
24	9. Name and Address of Current		30	10. Name and Address of New Registered	
BU	JSH, TOM M JR.				
COCO ATI ANTIC DIVO				dress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32225					
			83		•
			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-pamed corporation submits this statement for the purpose of changing its registered.					
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, am familiar with, and accept the obligations of Section 607.0505, Elevida Statutes.					
SIGNATURE	Tour Mi	To Tuel	1/2.	President	-21-98
	Seazure, typed or printed name of regularized ager		E. Registered Agent signature requ		ID DIDCOTORO IN 10
12.	PD OFFICERS AND	DELETE:	13.	ADDITIONS/CHANGES TO OFFICERS AT	Change Addition
NAME	BUSH. TOM M JR.		1.2 NAME		
STREET ADDRESS	9850 ATLANTIC BLVD.		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CiTY-ST-ZiP		
TITLE	VD	☐ DELETE	2.1 TITLE	VSTO	Change
NAME	Bush, John P		0.0.11115	y \cup <i>i</i> \cup	A strained
STREET ADDRESS	COCO ATI ANTIO DILIO		2.2 NAME	, 5, 7, 6	7
i i	9850 ATLANTIC BLVD.		2.3 STREET ADDRESS	, 0 7 0	A 31111
CITY-ST-ZIP	JACKSONVILLE FL 32225	🔀 वेस सार	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32225 STD	DELETE	2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP	JACKSONVILLE FL 32225	DELETE	2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP 3.1 TITLE		
CITY-ST-ZIP TITLE NAME	JACKSONVILLE FL 32225 STD BUSH, LAURA R	DELETÉ	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	7070	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE FL 32225 STD BUSH, LAURA R 9850 ATLANTIC BLVD.	DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	7070	
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I hereby certity that the information supplied with this titing does not quality 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 Bleek 13 if changed, or on an attachment with an address.

| Community | Community