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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # L71710

1. Corporation Name  
COMPANION WORLD, INC.

Principal Place of Business

4125 CLEVELAND AVE #83  
FT MYERS FL 33901  
US

Mailing Address

4125 CLEVELAND AVE #83  
#83  
FT MYERS FL 33901  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1990

4. FEI Number

65-0187613

Applied For  
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

FELICE, STEVEN P  
6923 HIGHLAND PARK CIRCLE  
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME  
FELICE, STEVEN P.  
STREET ADDRESS  
6923 HIGHLAND PARK CIRCLE  
CITY-ST-ZIP  
FORT MYERS FL

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE

NAME  
FELICE, SONJA K.  
STREET ADDRESS  
6923 HIGHLAND PARK CIRCLE  
CITY-ST-ZIP  
FORT MYERS FL

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

3-25-99