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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P22893 WORLD O WORLD CORPORATION

FILED Jan 21 1997 8:00am Secretary of State

556 S.E. PT. ST. LUCIE BLVD. P. (Mai: ng Address P. O. BOX 9214 PT. ST. LUCIE IL 34985-9214								
00		00						e Incorporated or Qualified 07/1989	1	ate of Last R 29/1996	Report
2. Principal	Place of Business	} -	2a. Mailing Address				Number 1-2953297	Applied For Not Applicable			
21 Suite, Apt. #, etc 22		····	Suite Apt. #. etc.					tificate of Status Desired	\$8.75 Additional Fee Required		
Orty & Sta	nte	28	City & State					ction Campaign Financing st Fund Contribution	\$5.00 May Be Added to Fees		
Ζιρ 24	Country Zip 30 30 3. Name and Address of Current Registered Agent				ntry		8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No 10. Name and Address of New Registered Agent				
KIEVSKY, ELYA 798 RIVER CT.					81 82						
PI. 	. ST. LUCIE FL 34983				83			1974.42			
					84	City			FL	• T	Code
office or agent T	it to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the o	tate of Florid	la. Such change was	authorized	d by	the corpora					
SIGNATURE	Signature type that printed harve of registers				J Age	nt signature requi			DATE		
12.	OFFICERS AND DIRECTORS PVD DELETE			13.	11 TITLE		AOD	ITIONS/CHANGES TO OFFIC	ERS ANI	Change	Addition
NAVE	KIEVSKY, ELYA		Em Decent	12 NA							
STREET ADDRESS	DII OF			1 3 ST	REET	ADDRESS					
CITY - ST - 74P	PT. ST. LUCIE FL			1.4 01	TY-S	r-ZIP					
THEF	SD		DELETE	2.1 Til	ΓLE					Change	Addition
NAME	COSTESCU, MARIA			2.2 NA	MÊ						
STREET ADDRESS		. 1001		2.3 \$1	REET	ADDRESS					
City-St-79	JENSEN BCH. FL		Thouse	2. 4 C		ST-ZIP				C Oben	A 44000
TITLE			DELETE	3.1 TII						Change	Addition
NAME				3.2 NA	ME						

6.4 CITY - ST - ZIP CHTM - ST - ZPP 14. Hide hereby certify that the information supplied with this filling 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 if 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

3.3 STREET ADDRESS

3.4. CITY - ST- Z(P

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

4.1 TITLE

4.2 NAME 4.3 STREET ADORESS

5.1 TITLE

5.2 NAME

61 TITLE 6.2 NAME

DELETE

DELETE

DELETE.

SIGNATURE:

STREET ADDRESS

STREET ACORESS

CITY-S* 7IP

CiTY - \$1 - 21P

STREET ADDRESS

TIME NAME

TITLE

NAME STREET ADDRESS

7016

NAME

ELYA KIEVSKY

Change

Change

Change

Addition

Addition

Addition