SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sep 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P92000014532 (5)

Principal Place 5201 W. KEN SUITE 132 TAMPA FL 33	WORLD IMPORT / EXPORT THE OF BUSINESS INEDY BLVD.	Mailing Address S201 W. KENNEDY BLVD. SUITE 132 TAMPA PL 33609	4010 BOXSCOUT #585 70mp4, Fl 3310;	DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPACE 3a. Date of Last Report	
<u> </u>			33100	12/22/1992	05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3156887	Applied For Not Applicable	
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			6, Election Campaign Financing	\$5.00 May Ele		
		28		Trust Fund Contribution		
Zip	Country	Zip	Country	8. This corporation owes or has pa	- · · · ·	
24	25 9. Name and Address of Curre		30	Personal Property Tax due June 10. Name and Address of New Ro		
W	HTWORTH, GERI	on registered Agoin	81 Name	10, Hallo and Hadjoob of How the	Attacked Marit	
5201 W. KENNEDY BLVD.			82 Street Addre	on (D.O. Boy Number in Not Accomto	ala\	
SUITE 132			51 Street Addre	dress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33809			83			
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607 Of	502 and 607 1508. Florida Statute	s the above-named corp	oration submits this statement for the		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 e	arrent and title if applicable (NOTE	: Registered Agent signature require	od when roinstating)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	0	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	GLASS, A. L II 401	10BOVSCOUTBIND.	1.2 NAME			
STREET ADDRESS	5201 W. KENNEDY BLVD.,		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA PL 33009 TO	MPA, FL 33007	14 CITY-ST-ZIP		Change Addition	
TITLE NAME		L DELLE	2.1 TITLE 2.2 NAME		CT CHAINGE CT WORKING	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 GITY-ST-ZIP			
TITLE		DELETE	31 THILE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>	☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
TITLE NAME		ן סנונונ	4.1 IIILE 4.2 NAME		CT cuards CT With Itali	
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST- ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY - S1 - ZIP	·		
TITLE		DELFTE	6.1 TITLE	-	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		ı	

14. I do 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 of 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 exemption of the corporation or the exemption of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed of the analysis address.