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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

P93000063191 (9) DOCUMENT #

WORLD EXECU-LOCATORS, INC.

Principal Place of Business Mailing Address 1508 NE 105 ST 1508 NE 105 ST SUITE 100 SUITE 100 MIAMI SHORES FL 33138 MIAMI SHORES FL 33138 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0434927 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes ΠÑο g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED 81 Name H.E- GOULDEN 348 ALMERIA AVE Street Address (P.O. Box Number is Not Acceptable) 62 CORAL GABLES FL-93184 150PNE 105 ST 83 MIAMI SHOLES 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 agent. I am familiar with and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE

Signature, typed or privide pages of pages (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE \_\_ DELETE 1.1 TITLE Change Addition NAME GOULDEN, TERRY 1.2 NAME 1508 NE 105 STR STREET ADDRESS 1.3 STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Šī TITLE DELETE 2.1 TITLE Change Addition GOULDEN, HE NAME 2.2 NAME 1508 NE 105 STR STREET ADDRESS 2.3 STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP 2 4 CHY-ST-ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - 7iP TITLE DELETE 5.1 TITLE ☐ Change Addition

CITY-ST-ZIP 64 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 offect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

**5.2 NAME** 

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

HE BOWNER

DELETE

☐ Change

Addition

**FILED** 

Jan 22 1998 8:00am

Secretary of State