

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

**FILED**

**Feb 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000080973 (7)**

1. Corporation Name  
**WORLD CARD TECHNOLOGY MAGAZINE, INC.**



Principal Place of Business  
**P O BOX 815746  
LONGWOOD FL 32791**

Mailing Address  
**P O BOX 815746  
LONGWOOD FL 32791-5746**

3. Date Incorporated or Qualified **10/17/1995** 3a. Date of Last Report **02/05/1996**

2. Principal Place of Business  
21 **532 MASALO PL.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **532 MASALO PL.**  
Suite, Apt. #, etc.

4. FEI Number **59-3340875**  
Applied For  Not Applicable

23 **LAKE MARY, FL.**  
City & State  
24 **32746** 25 Country  
27 **LAKE MARY, FL.**  
City & State  
29 **32746** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DREIFUS, HENRY N  
649 SABLE LAKE DR. #103  
LONGWOOD FL 32779**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DREIFUS, HENRY N</b>                   | 1.2 NAME  |  |
| STREET ADDRESS             | <b>649 SABLE LAKE DR, #103</b>            | 1.3 STREET ADDRESS                                    | <b>532 MASALO PL.</b>  |
| CITY-ST-ZIP                | <b>LONGWOOD FL 32779</b>                  | 1.4 CITY-ST-ZIP                                       | <b>LAKE MARY, FL 32746</b>   |
| TITLE                      | <input type="checkbox"/> DELETE           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 2.2 NAME  |  |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 3.2 NAME  |  |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |  |

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 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.

SIGNATURE: **Henry N Dreifus** **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-97**  
Date

Daytime Phone: \_\_\_\_\_

CR2E034 (9/96)