

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000089020 (8)**

1. Corporation Name
WORLDATA INFOCENTER, INC.

Principal Place of Business

% WORLDATA, INC.
5200 TOWN CENTER CIRCLE
BOCA RATON FL 33486

Mailing Address

% WORLDATA, INC.
5200 TOWN CENTER CIRCLE
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1995

4. FEI Number

65-0635633

Applied For
Not Applicable

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **3000 N. MILITARY TRAIL**

Suite, Apt. #, etc.

22

City & State

23 **Boca Raton FL**

Zip

24 **33431**

Country

25 **USA**

2a. Mailing Address

26 **3000 N. MILITARY TRAIL**

Suite, Apt. #, etc.

27

City & State

28 **Boca Raton FL**

Zip

29 **33431**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**LAWRENCE B. JURAN, P.A.
1200 CORPORATE CENTER WAY
SUITE 100
WELLINGTON FL 33414**

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D SCHWEDELSON, ROY**
STREET ADDRESS **% 5200 TOWN CENTER CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ DELETE

NAME **D SCHWEDELSON, HELENE**
STREET ADDRESS **% 5200 TOWN CENTER CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**3000 N. MILITARY TRAIL
BOCA RATON FL 33431**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**3000 N. Military Trail
BOCA RATON FL 33431**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 change or addition is indicated.

SIGNATURE:

3/30/98 (861)393 8200

CR2E034 (10/97)