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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800000358 (5)

FILED Feb 09 1998 8:00am Secretary of State

WORLD WIDE COLLISION, INC.												
Principal Place of Business Mailing Address								-			AL DELDE HINL D	
2090 N POWERLINE RD 2090 N POWERLINE RD												
POMPANO BEACH FL 33069 POMPANO BEACH FL 330						069		1				
									DO NOT WRIT		SPACE	
ĺ									3. Date Incorporated or Qualified			
2.	Principal P	lace of Busin	ness	2a. Mailu	2a. Mailing Address				12/31/1997 4. FEI Number	-		pplied For
21	, ,				26				41 (E) (C) (C)			ot Applicable
	Suite, Apt. #, etc.				Suite, Apt. #, etc.					F=1		Additional
22				27					5. Certificate of Status Desired			equired
	City & State	e		1	City & State				6. Election Campaign Financing			May Be
23	71				28				Trust Fund Contribution			to Fees
	Zip		Country	Zip		Country	/		8. This corporation owes or has p			
24		25 29 30 30 9. Name and Address of Current Registered Agent				30]			Personal Property Tax due Jun 10. Name and Address of New R			No
	AI.	TIERI, CAR		•		81	Name		10.			-
						-						
2090 N POWERLINE RD POMPANO BEACH FL 33069						82	Street	Addres:	ddress (P.O. Box Number is Not Acceptable)			
POMPANO BEACHTE 33008												
						84	03.				II	
							City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida, Such change was auti							e-named	corpora	ation submits this statement for the	purpose o	changing i	ts registered
	agent. I a	m f am iliar wi	th, and accept the i	obligations of, Secti	on 607.0505, Flo	rida Statute	y ine corp s.	oration	is board or directors, I hereby acce	ept ine app	ointment as	registerea
Sid	GNATURE											
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Re							ent signature	required (when reinstating)	DATE		
12		<u> </u>			13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR Change	RS IN 12	
NAJ	1	-	A IAMES								☐ olianÿe	Modition
SPINELLA, JAMES STREET ADDRESS 2090 N POWERLINE RD				1.2 NAME 1.3 STREET ADDRESS								
-	Y-ST-ZIP	_	NO BEACH FL 3	3069	1.4 CITY - ST - ZIP							Į.
TITE					DELETE	2.1 TITLE	,, ["				Change	Addition
NAA	AE .					22 NAME					_ •	
STR	EET ADDRESS					2.3 STREET	ADDRESS					
CITY-ST-ZIP				2 4 0								
TITL	.E				☐ DELETE	3.1 TITLE			· 		Change	Addition
NAK	NAME					3.2 NAME						
\$TR	EET AODRESS					3.3 STREET	ADDRESS					
	-ST-ZIP				Delete	3.4. CITY - 5	ST-ZIP					1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITL					☐ DELET E	4.1 TITLE	ļ				☐ Change	☐ Addition
NAM						4. 2 NAME						
STREET ADDRESS CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP								
TITL					☐ DELETE	5.1 TITLE	1-ZIP				Change	Addition
NAN	1					5.2 NAME	ŀ				Change	
	EET ADORESS					5.3 STREET	ADDRESS					
	r-ST-ZIP					5.4 CITY-S	1					
TITL		-			DELETE	6.1 TITLE	. 2				Change	Addition
NAM	lE					6.2 NAME					-	
STR	EET ADDRESS					6.3 STREET	ADDRESS		•			•
CITY	-ST-ZIP					6.4 CITY-S	1					

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 changed, or on an attachment with an address.