

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

FILED
Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90010 031 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000103858

1. Corporation Name
ANOTHER WORLD PRODUCTS, INC.

Principal Place of Business 4343 ALTHEA WAY PALM BEACH FL 33410	Mailing Address 4343 ALTHEA WAY PALM BEACH FL 33410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1550 LATHAM ROAD Suite, Apt. #, etc. 22 SUITE 4 City & State 23 WEST PALM BEACH FL Zip 24 33409 Country 25 USA	2a. Mailing Address 26 P.O. BOX 220655 Suite, Apt. #, etc. 27 City & State 28 WEST PALM BEACH FL Zip 29 33422 Country 30 USA
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3. Date Incorporated or Qualified 12/11/1998	4. FEI Number 65-0882702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

KAPLAN, MATTHEW
 4343 ALTHEA WAY
 PALM BEACH FL 33410

10. Name and Address of New Registered Agent

81 Name ROBERT S. SANTAMARIA
82 Street Address (P.O. Box Number is Not Acceptable) 1550 LATHAM ROAD
83 SUITE 4
84 City WEST PALM BEACH FL
85 Zip Code 33407

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: *Robert Santamaria* **ROBERT SANTAMARIA PRESIDENT** DATE: **5-31-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	KAPLAN, MATTHEW
STREET ADDRESS	4343 ALTHEA WAY
CITY-ST-ZIP	PALM BEACH FL 33410
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT S. SANTAMARIA
1.3 STREET ADDRESS	1550 LATHAM ROAD, STE 4
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Santamaria* **ROBERT SANTAMARIA PRESIDENT** DATE: **5-31-99** Daytime Phone #: **561 242-0566**

Signature and typed or printed name of signing officer or director

CR2E034 (1/98)