

L/20/00-90324-038-\$160.00-\$150.00

FILED

00 APR 18 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

605163



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000049869
1. Entity Name
CLUB WALLSTREET.COM, INC.

Principal Place of Business: 3460 FAIRLANE FARMS ROAD SUITE 4 WELLINGTON FL 33414
Mailing Address: 3460 FAIRLANE FARMS ROAD SUITE 4 WELLINGTON FL 33414-0755

2. Principal Place of Business / 3. Mailing Address (Same as above)

4. FEI Number: 65-0925450
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
~~TTONE, ANTHONY J.
7471 WEST OAKLAND PARK BLVD., SUITE 110
FORT LAUDERDALE FL 33310~~ *Dehr*

7. Name and Address of New Registered Agent:
Name: World Wide Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): Suite 2626
One Financial Plaza
City: Fort Lauderdale FL Zip Code: 33394

8. The above named entity returns this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *[Signature]* 1/20/2000
Signature, typed or printed name (typed name preferred) and date if applicable. (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to qualify its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$650.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE: President/CEO/Treasurer NAME: John J. Howard STREET ADDRESS: 3460 Fairlane Farms Rd. Suite CITY-ST-ZIP: Wellington, FL 33414 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: Vice President NAME: Phillip W. Rossi STREET ADDRESS: 3460 Fairlane Farms Rd. Suite CITY-ST-ZIP: Wellington, FL 33414 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: Secretary NAME: Karen L. Ficarelli STREET ADDRESS: 3460 Fairlane Farms Rd. Suite CITY-ST-ZIP: Wellington, FL 33414 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplement 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 of the corporation; and that I am aware of the requirements required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 1/20/2000 (561)333-2213
Signature and typed or printed name by signing officer or director. Date. (Include Phone #)

CHANGES (APR)

SP

Fac: Shuy
850-487-6017