

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 26 AM 8:30

DOCUMENT # S79782 (6)

1. Corporation Name
ADVANCED TECHNOLOGIES WORLDWIDE, INC.

Principal Place of Business Mailing Address
P.O. BOX 321086 P.O. BOX 321086
COCOA BCH. FL 32932 COCOA BCH. FL 32932

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 520 CHALLENGER ROAD		25 Suite, Apt. #, etc.		09/12/1991	05/01/1994
22 City & State		27 City & State		4. FEI Number	Applied For
23 CAPE CANAVERAL FL		28		59-3078893	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	
32920		U.S.A.		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ORTIZ, JOAN H. 520 CHALLENGER ROAD CAPE CANAVERAL FL 32920				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, JOAN H.	1 2 NAME	
STREET ADDRESS	385 CEDAR AVE.	1 3 STREET ADDRESS	
CITY - ST - ZIP	COCOA BCH. FL	1 4 CITY - ST - ZIP	
TITLE	T	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, JOAN H.	2 2 NAME	
STREET ADDRESS	385 CEDAR AVE.	2 3 STREET ADDRESS	
CITY - ST - ZIP	COCOA BCH. FL	2 4 CITY - ST - ZIP	
TITLE	VP	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, DEBRA A.	3 2 NAME	
STREET ADDRESS	385 CEDAR AVE.	3 3 STREET ADDRESS	
CITY - ST - ZIP	COCOA BCH. FL	3 4 CITY - ST - ZIP	
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 am so 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:

Joan H. Ortiz, President 6/21/95 407-783-5626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN H. ORTIZ

Date

Business Phone #

CR2E034 (3/95)