

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V06328 (1)
 1. Corporation Name
WORLDWIDE COMMERCIAL REALTY CORP.

Principal Place of Business 3703 W. AZEELE ST TAMPA FL 33609 US	Mailing Address P.O. BOX 68 ODESSA FL 33556
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 877 Executive Center Dr West Suite, Apt #, etc 22 Suite 303 City & State 23 St. Petersburg Fl. Zip 24 33702 Country 25 Pinellas		2a. Mailing Address Suite, Apt #, etc City & State Zip Country	
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3. Date Incorporated or Qualified 01/14/1992	4. FEI Number 59-3100073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**NOVAK, MICHAEL T
 8805 ROBERTS RD.
 ODESSA FL 33556**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
(Signature typed or printed name of registered agent and date of registration) (MULTIPLE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME NOVAK, MICHAEL T	<input type="checkbox"/> DELETE	1.1 TITLE
STREET ADDRESS 8805 ROBERTS RD.	CITY-ST-ZIP ODESSA FL 33556	<input type="checkbox"/> DELETE	1.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	2.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	3.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	5.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	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.

SIGNATURE: **Michael T. Novak** **Michael T. Novak** **3/27/98** **813-230-8684**

CR2E034 (10/97)