


FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739800** (1)
1. Corporation Name
WORLDTEAM U.S.A., INC.



Principal Place of Business 1431 STUCKERT ROAD WARRINGTON PA 18976 US	Mailing Address 1431 STUCKERT ROAD WARRINGTON PA 18976-1526 US
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3. Date Incorporated or Qualified 08/12/1977	3a. Date of Last Report 03/27/1996
4. FEI Number 59-1759927	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**MORGAN, CHARLES O., JR.,
1300 NORTHWEST 167TH STREET
NORTH MIAMI FL 33169**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	REIMER, CLARENCE
STREET ADDRESS	11920 MATTHEWS COURT
CITY - ST - ZIP	FAIRFAX VA
TITLE	TDS <input type="checkbox"/> DELETE
NAME	SMITH, PHYLLIS
STREET ADDRESS	307-A1 EMMONS DRIVE
CITY - ST - ZIP	PRINCETON NJ
TITLE	C D SON <input type="checkbox"/> DELETE
NAME	HARDISON, RICH
STREET ADDRESS	7120 GANBY STREET
CITY - ST - ZIP	NORFOLK VA
TITLE	D <input type="checkbox"/> DELETE
NAME	WRIGHT, BARNEY
STREET ADDRESS	695 CARSON DRIVE
CITY - ST - ZIP	LEBANON OH
TITLE	VD <input type="checkbox"/> DELETE
NAME	CAIN, CURT
STREET ADDRESS	1455 YORKTOWN DRIVE
CITY - ST - ZIP	LAWRENCEVILLE GA
TITLE	D <input type="checkbox"/> DELETE
NAME	COTTE, MORRIS
STREET ADDRESS	856 FIVE POINT RD.
CITY - ST - ZIP	VA BEACH VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen Miller* REQUIRED **4/10/97** 215 491-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076211

CR2E037 (9/96)