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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 353626

(5)

FILED Apr 14 1997 8:00am Secretary of State

Principal Place	VORLD, INC. e of Business BEACH RD.	Mailing Address 15412 FRONT BEACH RD							
	BEACH FL 92413	PANAMA CITY BEACH FL	L 32413-2502						_
					3. Date Incorporated or Qualified 10/10/1969	3a. Date	of Last R /1996	·	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	XV/Y.		oplied For	1
21		26			59-1274314		No	ot Applicable	l
Suite, Apt. #, etc.		Suito, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing			May Bo	1
23		28			Trust Fund Contribution			to Fees	
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for inlangible tax under s. 199.032, Florida Statutes Yes No				
5-1	9. Name and Address of Currer				10. Name and Address of New Re				1
A.R.I.	LER, BRAD H.		81	Name					
	12 FRONT BEACH RD.		82	Street Ado	dress (P.O. Box Number is Not Acceptate	ole)			1
	Y 98								
PAN	NAMA CITY BCH. FL 32413		83						
			84	City		E	15 Zip	Code	
						FL			ļ
office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obligi	iz and 607,1508, Florida Statut ⊧of Florida, Such change was a ations of Section 607,0506, Ft	ies, the abov authorized b orida Statulo	re-named cor y the corpora	poration submits this statement for the palion's board of directors. I hereby accept	outpose of ch of the appoint	anging ii ment as	.s registered registered	
SIGNATURE									
12.	Signature, typed or printed name of registered agr	int and title if applicable. (NOT D DIRECTORS	Hegistered Ag	ert signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DATE	DECTO	OC IN 12	1
TITLE	PD	DELETE	1.1 10LE		ADDITIONS/GHANGES TO OFFIC		Change	Addition	000
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NAME	MILLER, BRAD H.		2.2 NAME						ĺ
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CATY-ST-Z#P	PANAMA CITY BCH. FL		2. 4 CITY - ST - ZIP			···	<u></u>		Į
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CITY-ST-ZIP 14. I do heroby certify that the information supplied with this filing does not qualify			6.4 CitY-1		dis 0. 110 07/0/0 Press 0	. 16.00			l
THE LOO DEFOR	zy centry mat me information supplied	a with this mind does not dosti	ivitor the exe	ampuon state	u in suction i retur(3)(I), Fiorida Stalute	s. Liuriner ce	.wy mat	uic .	i

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 except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters, or on an attachment with an address.