

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

FILED

May 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 361361 (9)</b> 1. Corporation Name <b>NEW WORLD SERVICES, INC.</b>			
Principal Place of Business <b>P.O. BOX 555237</b> <b>ORLANDO FL 32855</b>		Mailing Address <b>P.O. BOX 555237</b> <b>ORLANDO FL 32855-5237</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>03/19/1970</b>		3a. Date of Last Report <b>08/05/1996</b>	
4. FEI Number <b>59-1311417</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Name and Address of Current Registered Agent <b>MORALL JR, BEN</b> <b>208 MORTON LANE</b> <b>WINTER SPRINGS FL 32708</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>5222 N. Orange Blossom Tr., #202</b> 83 84 City <b>Orlando</b> FL 85 Zip Code <b>32810</b>	
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 <input checked="" type="checkbox"/> liar with and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>VD MORALL JR, BEN</b> STREET ADDRESS <b>208 MORTON LANE</b> CITY-ST- ZIP <b>WINTER SPRINGS FL</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>5222 N. Orange Blossom Tr., #202</b> 1.4 CITY-ST- ZIP <b>Orlando, FL 32810</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS <b>5222 N. Orange Blossom Tr., #202</b> 2.4 CITY-ST- ZIP <b>Orlando, FL 32810</b>	
TITLE <input type="checkbox"/> DELETE NAME <b>PD MORALL, DORIS S.</b> STREET ADDRESS <b>208 MORTON LANE</b> CITY-ST- ZIP <b>WINTER SPRINGS FL</b>	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	
TITLE <input type="checkbox"/> DELETE NAME <b>STD MORALL, DENIYA</b> STREET ADDRESS <b>6206 WHISPERING WAY</b> CITY-ST- ZIP <b>ORLANDO FL</b>	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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST- ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u><i>Doris S. Morall, Denise S. Morall</i></u> 4/27/97 407-293-8352 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)