

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90066 012 ***150.00

DOCUMENT # 379605

1. Corporation Name

WORLD IMPEX CORPORATION

Principal Place of Business

2335 MARKET ST.
JACKSONVILLE FL 32206

Mailing Address

2335 MARKET ST.
JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1971

4. FEI Number

59-1390672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 5991 Chester Ave.

26 5991 Chester Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 210

27 Suite 210

City & State

City & State

23 Jacksonville FL

28 Jacksonville, FL

Zip Country

Zip Country

24 32217

25 USA

29 32217

30 USA

9. Name and Address of Current Registered Agent

KLIMAN, HY W.
2335 MARKET ST.
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name

Kliman, Hy W.

82 Street Address (P.O. Box Number is Not Acceptable)

5991 Chester Ave

83

Suite 210

84 City

Jacksonville

FL

85 Zip Code

32217

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

TITLE PD ☐ DELETE
NAME KLIMAN, HY W.
STREET ADDRESS 2335 MARKET ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE STD ☐ DELETE
NAME KLIMAN, LOVEE K.
STREET ADDRESS 2335 MARKET ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Kliman, Hy W.
1.3 STREET ADDRESS 5991 Chester Ave., Suite 210
1.4 CITY-ST-ZIP Jacksonville, FL 32217

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME Kliman, Lovee K.
2.3 STREET ADDRESS 5991 Chester Ave., Suite 210
2.4 CITY-ST-ZIP Jacksonville, FL 32217

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)