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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

FILED Oct 15 1998 8:00am Secretary of State

	1998	DIVISION OF CO	DRPORATIONS		
DOCU 1. Corporation	MENT # 3927	14 (2)			
WORLD	WIDE ADJUSTMENT BU	JREAU, INC.			
Principal Plac	ee of Business	Mailing Address			AIDI) BIBII BIBII DIBII DIBII IBBI
2315 1/2 EAST SOUTH STREET ORLANDO FL 32803		2315 1/2 EAST SOUTH STR	REET		
OREANOU PL	32803	ORLANDO FL 32803		DO NOT WRITE IN T	HI S S PACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a, Mailing Address		12/13/1971 4. FEI Number	Applied For
21		26		59-1363561	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ 24	Country	7 ₁ p	Country	8. This corporation owes or has paid the	current year Intangible
24]	9. Name and Address of Cu		7	Personal Property Tax due June 30. 10, Name and Address of New Registe	
	.TON, ROY E. SR.		81 Name		
801 WEST 18TH STREET			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
SANFORD FL 32771			B3	······································	
]	_		84 City	i	EL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607. registered agent, or both, in the S	0502 and 607.1508, Florida Statutes tate of Florida. Such change was au	s, the above-named c	orporation submits this statement for the purpor oration's board of directors. I hereby accept the	e of changing its registered
	im familiar with, and accept the ol	bligations of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of regularis	o agent and the if applicable (NOTE: F	Registored Agent signature re	<u> </u>	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME	WILTON, ROY	☐ DELETE	1.1 TITLE 1.2 NAME	WILTON, ROYESR	Change Addition
STREET ADDRESS	801 W. 18TH ST.		1.3 STREET ADDRESS	801 M 187K 35	E
CITY-ST-7IP	SANFORD FL		1.4 CITY - ST - ZIP	5ANGAD, FL 32771	
TITLE	NOVALEW THOMAS E III	DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	BUCKALEW, THOMAS F III 1465 LADY AMY DR		2 2 NAME 2 3 STREET ADDRESS		
CHTY-ST-ZIP	CASSELBERRY FL		2 4 City-St-Zip		
TITLE		□ DELET E	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 THTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP	-	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		L. J DECER	5.1 THE 5.2 NAME		FT change FT wanned
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7IP		**************************************	5.4 CITY - \$1 - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME STREET AUDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	partify that the information supplie	d with this filing does not qualify for		in Section 119.07(3)(i), Florida Statutos, I furthe	r certify that the information

14. Thereby 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.

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