FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739800 (1)

1. Corporation Name

WORLDTEAM U.S.A., INC.

Principal Place of Business	Mailing Address
~~1607 PONCE DE LEON BLVD~~ ~~PO BOX 143038~~ ~~CORAL GABLES FL 33114~~ 1431 Stuckert Rd Warrington, PA 18976	~~1607 PONCE DE LEON BLVD~~ ~~PO BOX 143038~~ ~~CORAL GABLES FL 33114~~ SAME

2. Principal Place of Business	2a. Mailing Address
21 1431 Stuckert Rd	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SAME
City & State 23 Warrington, PA	City & State 28
Zip 24 18976 Country 25 Bucks	Zip 29 Country 30

3. Date Incorporated or Qualified: 08/12/1977	3a. Date of Last Report: 02/01/1995
4. FEI Number: 59-1759927	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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 **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	HARDER, TERRY		1.2 NAME	Clarence Reimer	
STREET ADDRESS	9354 SW 170TH LANE		1.3 STREET ADDRESS	11420 Matthews Court	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Manassas, VA 22033-4641	
TITLE	TD, SD	☐ DELETE	2.1 TITLE	VD	☒ Change ☒ Addition
NAME	SMITH, PHYLLIS		2.2 NAME	Curt Crim	
STREET ADDRESS	307-A1 EMMONS DRIVE		2.3 STREET ADDRESS	1455 Yorktown Dr.	
CITY-ST-ZIP	PRINCETON NJ		2.4 CITY-ST-ZIP	Lawrenceville, GA 30243	
TITLE	S	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DANNEMILLER, NICHOLAS		3.2 NAME	Rich Hardison	
STREET ADDRESS	900 MERIDIAN AVE 208		3.3 STREET ADDRESS	1120 Granby St.	
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP	Norfolk, VA 23510	
TITLE	V	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MELICK, DAVID		4.2 NAME	Barney Wright	
STREET ADDRESS	9740 SW 189 STREET		4.3 STREET ADDRESS	645 Garden Drive	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Lebanon, OH 45036-1384	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, KEN		5.2 NAME		
STREET ADDRESS	27W570 JEWEL DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINFIELD IL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COTTLE, MORRIS		6.2 NAME		
STREET ADDRESS	856 FIVE POINT RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	VA BEACH VA		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Phyllis W. Smith 3/4/96 (215)491-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #