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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

GENTI	IMENT # 7501 LE WORLD, INC.	17 (4)				
Principal Plac	ce of Business	Mailing Address			IEL OLDIL BIBIL BIBIL BIBI	I DIAN BIRIN NAT
ROUTE 4. BOX 585 ALACHUA FL 32615		ROUTE 4. BOX 585 ALACHUA FL 32615				
				 Date Incorporated or Qualified 12/10/1979 	3a. Date of Last 04/25/1	
Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-1999433		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	5 Additional Required
City & Stat	te	City & State	·	Election Campaign Financing Trust Fund Contribution	□ \$5.0	May Be
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for inte		d to Fees . 199.032,
	9. Name and Address of Cu	urrent Registered Agent		10. Name and Address of New Reg		
ROBERT, VOSTREJ JR 7 EAST SILVER SPRINGS BLVD OCALA, FLORIDA 32670			83	dress (P.O. Box Number is Not Acceptable)	OF 10 1	
02070			84 City		FI 85 ZI	p Code
Ar radiata	red agent or both, in the State of					
familiar w	Signature, typed or printed name of registered	Section 617.0503, Florida Statute	ized by the corporation's boa	oration submits this statement for the purpo ard of directors. I hereby accept the appoint ed when reinstating	tment as registered	agent. I am
familiar wi SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS	Section 617.0503, Florida Statute agent and title if applicative AND DIRECTORS	IZECT by the corporation's boals. IOTE Registered Agent signature require 13.	ard of directors. I hereby accept the appoin	tment as registered	l agent. I am
familiar wi SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS	Section 617.0503, Florida Statute	IZEOD by the corporation's boards. IOTE Registered Agent signature requirements. 11. 11 TITLE	ard of directors. I hereby accept the appoint	tment as registered	lagent. I am
familiar wi SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS SD PATNOI, MELINDA	Section 617.0503, Florida Statute agent and title if applicative AND DIRECTORS	2290 by the corporation's boars. OTE Registered Agent signature require 13. 11 TITLE 1.2 NAME	ard of directors. I hereby accept the appoint	DATE ERS AND DIRECTO	RS IN 12
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familiar with signature. 12. TITLE NAME STREET ADDRESS CITY ST-ZIP	Signature, typed or printed name of registered OFFICERS SD PATNOI, MELINDA	Section 617.0503, Florida Statute agent and title if applicative AND DIRECTORS	2290 by the corporation's boars. OTE Registered Agent signature require 13. 11 TITLE 1.2 NAME	ard of directors. I hereby accept the appoint	DATE ERS AND DIRECTO Change	PRS IN 12
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oath; that I am an officer or director of the corporation or the receiver or trustee emappears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR

Feb 8, 1996 (904) 462-5309