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(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
. (Ci	ty/State/Zip/Phone	e #)		
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(Bu	isiness Entity Nan	ne)		
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporation				•
SUBJECT: WORLD CA	PITAL, INC.			
	(Name	of Corporation)		
DOCUMENT NUMBER	k: F07000000893			
The enclosed Resignation	of Registered Agent fo	r a Corporation	and fee are submit	ted for filing.
Please return all correspon	dence concerning this	matter to the fo	llowing:	
MICHAEL O. ANDERS	SON			
(Nai	me of Person)			
WORLD CAPITAL, INC	C.			
(Name o	of Firm/Company)			
3113 INDIAN RIVER D	PRIVE			
((Address)	 		
COCOÃ; FL 32922	that you have the			·
(City/Sta	ate and Zip Code)	<u></u>		
For further information co	ncerning this matter, pl	ease call:		
RICHARD A. BARBER	at (407) 3	27-9935 aytime Telephone Nu	
(Name of P	arcon)	(Area Code & D	outima Talanhana Ni	imbar)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	7.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, RIC	CHARD A. BARBER
	(Name of Registered Agent)
hereby resigns as Registered Agent for _	WORLD CAPITAL, INC./WOID CAPITAL FINANCIAL (Name of Corporation)
F07000000893	
(Document Number, if known)	_
A copy of this resignation was mailed to	the above listed corporation at its last known address.
The agency is terminated and the office of this statement is filed.	discontinued on the 31st day after the date on which
(Sign	nature of Resigning Agent)
If signing on behalf of an entity:	
(T	'yped or Printed Name)
	(Capacity)
	3 PARET
Fee <u>fo</u> r filing	this document:
	ve corporation No Com

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/