

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F12573** (4)

1. Corporation Name

WORLDLY WAYS, INC.



Principal Place of Business

**C/O SEAFOOD CONNECTION
6998- N FEDERAL HIGHWAY
BOCA RATON FL 33487**

Mailing Address

**C/O SEAFOOD CONNECTION
6998- N FEDERAL HIGHWAY
BOCA RATON FL 33487**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 **622 - 182nd Ave**

27 State, Apt. #, etc.

28 **Redington Shores, FL**

29 **33708** 30 **PineHills**

3. Date Incorporated or Qualified

12/23/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2051477

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

**CATE, DONALD
622 - 182ND AVE
REDINGTON SHORES 33708**

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 607.0502 and 607.1506, 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 of the person who is changing the registered office or agent

Signature of the person who is changing the registered office or agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	CATE, DONALD N.	
STREET ADDRESS	622 - 182ND AVE	
CITY-ST-ZIP	REDINGTON SHORES FL	
TITLE	ST	☐ DELETE
NAME	CHRISTOU, NICHOLAS P	
STREET ADDRESS	550 CHAMPION S HILLS DRIVE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	VP	☐ DELETE
NAME	MAGIN, CHARLES A.	
STREET ADDRESS	10124 EL CABALLO COURT	
CITY-ST-ZIP	DELRAY BCH. FL	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	CHRISTOU, NICHOLAS P
2.3 STREET ADDRESS	351 CROSSINGS Blvd # 726
2.4 CITY-ST-ZIP	ORANGE PARK, FLORIDA 32073
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nicholas P. Christou* *Nicholas P. Christou* 1/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)