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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300000052 (1)

WORLD WIDE FULFILLMENT AND DISTRIBUTION, INC.

Principal Place of Business 30 STANFORD DRIVE

Mailing Address

30 STANFORD DRIVE

**FILED** Jan 28 1998 8:00am Secretary of State



FARMINGTON CT 06032 FARMINGTON CT 06032 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Drive 2 Accordata 2 ACCIADATA Prive 04-3123678 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 2 27 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing FARMINGTON FARMINATON CT28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 06085 us Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MANCE, ROBERT D. 751 NW 33RD STREET, SUITE 100 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33064 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **VPGM** DELETE TITLE ☐ Change ☐ Addition 1.1 TITLE HARPES, GEORGIANA NAME 1.2 NAME 2E034 STREET ADDRESS 137 SOUTH MOORE STREET 1.3 STREET ADDRESS COPPELL TX CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE CPD TITLE 2.1 TITLE Change Addition GRAY, HARRY J NAME 2.2 NAME 11094 BEACH CLUB POINT, LOST TREE VILLAGE STREET ADDRESS 2.3 STREET ADDRESS NORTH PALM BEACH FL CITY - ST- ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME KLENE, ROGER R 3.2 NAME 32 HOPE VALLEY ROAD STREET ADDRESS 3.3 STREET ADDRESS AMSTON CT CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition WISEMAN, KENNETH N. NAME 4, 2 NAME 34 COTTAGE GROVE RD. STREET ADDRESS 4.3 STREET ADDRESS **GOSHEN CT** CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE Change Addition CASHMAN, CHRISTOPHERE W NAME 5.2 NAME 19 PHILLIPS DRIVE STREET ADDRESS 5.3 STREET ADDRESS **NEWBURY POST MA** CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE **VPGM** TITLE 6.1 TITLE Change \_\_\_ Addition MANCE, ROBERT D. NAME 6.2 NAME 11099 N.W. 17TH MANOR STREET ADDRESS **6.3 STREET ADDRESS CORAL SPRINGS FL** CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

SIGNATURE:

860-696-1052