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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 8:57

DOCUMENT # F93000003967 (7)

1. Corporation Name

WORLDWIDE INSURANCE ASSOCIATES, INCORPORATED

Principal Place of Business	Mailing Address
601 KING ST. ALEXANDRIA VA 22314 US	601 KING ST. ALEXANDRIA VA 22314 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1993
3a. Date of Last Report: 07/26/1994
4. FEI Number: ~~APPLIED FOR~~ 54-1680483 ☐ 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

2. Principal Place of Business — 21 ___ 22 Suite, Apt. # etc. ___ 23 City & State ___ 24 Zip ___ 25 Country ___
2a. Mailing Address — 26 ___ 27 Suite, Apt. # etc. ___ 28 City & State ___ 29 Zip ___ 30 Country ___

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 607.1508, 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	GROPPE, RICHARD B	12 NAME	
STREET ADDRESS	6832 PINEWAY	13 STREET ADDRESS	
CITY ST ZIP	UNIVERSITY PARK MD	14 CITY ST ZIP	
TITLE	DEVP	21 TITLE	DSVP ☑ Change ☐ Addition
NAME	MCKENTY, RUTH A	22 NAME	
STREET ADDRESS	5720 NAMARAGAN RD.	23 STREET ADDRESS	5720 NAMAKAGAN Rd
CITY ST ZIP	BETHESDA MD	24 CITY ST ZIP	
TITLE	DVPT	31 TITLE	☑ Change ☐ Addition
NAME	ALMARAZ, JAMES L	32 NAME	
STREET ADDRESS	9001 SW 122ND AVE., APT. 307	33 STREET ADDRESS	9880 NW 47th Terrace
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Miami, FL 33178
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 an attachment with an address.

SIGNATURE: Ruth A. McKenty / Ruth A. McKenty 1/14/95 703-739-1336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0307020 FP