FILE NOW: FILING FEE AFTE MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

THORO WORLDWIDE, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F9400000555 (2)

JACKSONVILE FL

May 28 1997 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Address				The state of the s				
8570 PHILLIPS HEWY 8TE4 101 JACKSONVILLE FL 32258-8208		ATTN: TAX DEPT. 8300 COLLEGE BLVD OVERLAND PARK KS 66210-1841								
US		US				3. Date Incorporated or Qualified 02/04/1994	1	ite of Last Re 01/1996	eport	
2. Principal P	lace of Business	2a. Mailing Address	ng Address			4. FEI Number	Applied For		1	
1024	5 Centurian Parkway,	26				13-3750192	No	t Applicable	1	
Suite, Apt.	n, etc. Oov H	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	City & State				6. Election Campaign Financing		\$5.00	May Be	1	
3 Jack	sonville FL	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip Country				8. This corporation has liability for i	ntangible	tax under s.	199.032,	1
4 <i>536</i>	156 25 USA		30			Florida Statutes	Yes 2	No _		
	9. Name and Address of Current	Registered Agent]			10. Name and Address of New Re	gistered /	lgent	<u> </u>]
CT	CORPORATION SYSTEM			81	Name					
1200 S. PINE ISLAND RD.					Street 4	dress (P.O. Box Number is Not Acceptable)				1
	NTATION FL 33324				20.0007		,	1.00		
				83		-06/06/970;				1
			-	84	City	***165.00	1070		N	-
				94	Ully	***100.UU	FL	85 Zip (J008	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the at	oove	-named	corporation submits this statement for the p	urpose of	changing its	s registered	1
office of r	egistered agent, or both, in the State of m familiar with, and accept the obligati	l Florida. Such change was a ons of, Section 607.0505. Flo	uthorized rida Stat	d by utes	the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	the app	ointment as	registered	l
SIGNATURE			.,							1
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE	Hogistered	J Age	nt signature	equired when reinstating)	DATE]_
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			96/6
TITLE	VCF0	DELETE	1,1 []]	LE	Į	VCFO		Change	Addition	0
NAME DITERSI, EMANUEL			1.2 NA			ichael B. Rowley				18
STREET ADDRESS 399 PARK AVENUE 32 FLOOR		1.3 S		1.3 STREET ADDRESS 10 2		10245 (endurion Parkway	245 Centurion Parkway, North			
CITY-ST-ZIP	NEW YORK NY		1.4 CC	TY-S	r-zip	Jacksonville, FL 3;	225u	,		R2F034
TITLE	VAST			2.1 TITLE		, , , , , , , , , , , , , , , , , , ,		Change	Addition	၂ပ
NAME	DONAHUE, RICHARD J	•		2.2 NAME		.				1
STREET ADDRESS	399 PARK AVE.		2.3 ST	2.3 STREET ADDRES		399 Park Ave, 32rd floor				
CITY - ST - ZIP	NEW YORK NY		240	ITY-S	T-ZIP	New York, NY 10023 BVP3	λ			
TITLE	VP\$	☐ DELETE		TLE		DVP3		Change	Addition	1
NAME	KILPATRICK, DONALD G		3.2 NA	ME		_				
STREET ADDRESS	399 PARK AVE.		3.3 ST	AEET	ADDRESS	399 Park Nu. 32na floor				
CITY-ST-ZIP	NEW YORK NY		3.4 C	TY-S	T-ZIP	New York NY 10022				
TITLE	VPT	DELETE	4.1 111	Lξ				Change	☐ Addition	1
NAME	NICK, RICHARD J		4. 2 N	AME	}			•		Ì
STREET ADDRESS	399 PARK AVE.		4.3 ST	REET	ADDRESS	399 Park Ave, 32nd floor	-			
CITY-ST-ZIP	NEW YORK NY		4.4 CI			New York NY 1003				
TITLE	VPC	☐ DELETE				101111111111111111111111111111111111111	Change	Change Addition V		
NAME	LESTER, ROBERT M		5.2 NA		[` '	11/	4
STREET ADDRESS	8570 PHILLIPS HWY #101			-	ADDRESS	10245 Centurion Parku	vav. N	Jorth	1/2	1 /
CITY-ST-ZIP	JACKSONVILLE FL		5.4 Ci			Sacksonville FL 322		J	`	K.
JITLE	PCOO	DELETE	6.1 10		- 511	PCOO	- 50	Change	Addition	¹~`
NAME	WOITZ, ARTHUR C		6.2 NA			David For				
STREET ADDRESS	8570 PHILLIPS HWY STE 101				ADDRESS	10245 Centurion Parkway	, North	\		
SINCE I WOOKE 99.	ONIN LINEON O LITTI OIL IDI		0.3 3	MECT.	MODUE 22	the teleform that is an in the				1

14. I do hereby certify that the information supplied with this filing 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 printing in an attachmost with or director.